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ABSTRACT

The symposium report focuses on an upgrading program (designed by the Consortium for Occupational Therapy Education) to develop alternate routes to credentialled education and training, resulting in opening up occupational therapy career opportunities to young people. The consortium was composed of four New York State hospitals, two academic institutions, the New York State Departments of Health and Mental Hygiene, the American Occupational Therapy Association, and the National Committee on Employment of Youth. The document provides a transcript of symposium speeches, panel discussions, and question and answer sessions. The first session dealt with two questions: (1) How can we divise greater flexibility and secure faster decision making in the colleges in areas such as scheduling, course development, and structuring courses that are more job relevant? (2) How do you integrate in a work study model, classroom education, supervised field work, and employment? The state of the art of health manpower planning was considered in the luncheon session, and the concluding session dealt with issues in employment. (MW)

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A CRITICAL ANALYSIS OF A NEW MODEL FOR OCCUPATIONAL THERAPY EDUCATION: ITS APPLICABILITY FOR OTHER OCCUPATIONS AND SYSTEMS

Report of a Symposium
Conducted by
The Consortium for Occupational Therapy Education

April 16, 1974
Orangeburg, N. Y.

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Note

People speak differently than they write. The minutes of this Symposium were recorded verbatim on a stenotype machine. It was necessary to edit the transcript extensively so that the written report would be coherent. All personal references, asides, unrelated jokes, housekeeping details, and laudatory declamations were deleted for purposes of brevity. Rambling sentences with numerous clauses were shortened or reorganized for clarity. At all times, attempts were made to adhere to the meaning and intent of the speakers. Notwithstanding this, any mistakes in content, attribution, or intent, are solely my responsibility.

Seymour Lesh, Director

Paraprofessional Upgrading
Project
National Committee on
Employment of Youth

Preface

The National Committee on Employment of Youth is an arm of the National Child Labor Committee, a private, voluntary agency dedicated to helping increase the effectiveness of those working directly with children and youth, by conducting research, planning, staff training, technical assistance, information services, and demonstration programs for agencies and institutions throughout the country.

In 1970, under a U. S. Department of Labor contract, NCEY initiated a project to develop alternative qualifications for, and new routes to, credentials for paraprofessional human service workers. Specifically, NCEY's project aims to upgrade paraprofessionals in human service occupations to intermediate and professional positions. Its thrusts are to make credentials more relevant to job duties, give greater credit for work and life experiences, foster mobility and transferability, and make it possible for paraprofessionals to obtain education and training while fully employed. Programs are underway or planned in four occupations--addiction services, child development, classroom teaching, and occupational therapy.*

This Symposium focuses on one of the upgrading programs--occupational therapy. The Consortium for Occupational Therapy Education is composed of four New York State Hospitals--Rockland Children's Psychiatric Hospital, Rockland State Hospital, Letchworth Village, and Helen Hayes Hospital--two academic institutions--Rockland Community College and the Hunter College Institute of Health Sciences--the New York State Departments of Health and Mental Hygiene, the American Occupational Therapy Association, and the National Committee on Employment of Youth.

The program will open occupational therapy career opportunities for employees in the four hospitals. Sixteen workers a year for four consecutive years will be educated and trained for positions as certified occupational therapy assistants and registered occupational therapists, earning associate and baccalaureate degrees. The program has been funded by the Bureau of Health Manpower Education of the National Institutes of Health. The program is operated by a Policy Board which includes one representative from each of the collaborating institutions and the students. In addition to a program director and evaluator, the staff of the project consists of six registered occupational

*For a detailed description of the process and design of these programs, see National Committee on Employment of Youth, Demonstration Project on Developing Alternative Qualifications and Credentials for Paraprofessionals, Final Report: Phase II, December 1973.

therapists, one in each of the four clinical institutions and the two colleges.

The two occupational therapists at the colleges conduct the academic program, coordinate instructional activities with clinical specialization, teach some courses, provide academic guidance to the students, and prepare students to take proficiency and registration examinations. The four registered occupational therapists in the clinical institutions act as preceptors, providing clinical instruction, student supervision and counseling and scheduling of student's time. The curriculum for the project is based on task analysis conducted in the four clinical institutions.

CONSORTIUM FOR OCCUPATIONAL THERAPY EDUCATION

SYMPOSIUM AGENDA

April 16, 1974

A CRITICAL ANALYSIS OF A NEW MODEL FOR OCCUPATIONAL THERAPY EDUCATION:
ITS APPLICABILITY FOR OTHER OCCUPATIONS AND SYSTEMS

WELCOMING REMARKS: Lee D. Filerman, Director
Consortium for Occupational Therapy Education

OPENING STATEMENT: Dr. Hagop Mashikian, Director
Rockland Children's Psychiatric Hospital

MORNING PANEL: Educational Issues

1. How can we devise greater flexibility and secure faster decision making in the colleges in areas such as scheduling, the development of new courses, and in structuring courses that are more job relevant?

2. How do you integrate in a work study model, classroom education, supervised field work and employment?

3. How can we accredit work and life experience and what should be the basis for it?

Panel Chairman: Eli E. Cohen, Chairman
Advisory Council for Occupational Education

Participants:

- Dr. Helen H. Burnside, Associate Provost for Health Sciences, State University of New York
- Ms. Gail Fidler, Director Practice, Education & Research, American Occupational Therapy Association
- Dr. Alice Garret, Medical Director Helen Hayes Hospital
- Dr. Michael McGarvey, Vice Provost for Health Affairs, Hunter College Institute of Health Sciences

LUNCHEON SPEAKER: Don C. Frey, Associate Director for Health Manpower
American Association for Comprehensive Health Planning

AFTERNOON PANEL: Employment Issues

1. How much released time for education is reasonable to expect the employing institution to grant and how much should the student contribute of his own time?

2. How do you get replacements for employees when they are in school?

3. Which employees should be eligible for such programs?

4. How do you structure the Civil Service career ladder to be flexible so that it responds to new programs and methods of accreditation outside the system -- but without losing the value of the "merit" focus of the system?

5. How valid are paper and pencil tests for OT and how do you make use of performance-based tests?

Panel Chairman: Dr. Sumner Rosen, Institute of Public Administration, New York City

Participants:

. Dr. Seymour Eskow, President
Rockland Community College

. John Lagatt, Assistant Commissioner for Manpower, Employee Relations & Training, State of New York Department of Mental Hygiene

. Dr. Hyman Pleasure, Director
Rockland State Hospital

. Dr. Philip Wexler, Assistant Commissioner
Bureau of Education & Training
New York State Department of Mental Hygiene

M O R N I N G S E S S I O N

Welcoming Remarks:	Lee D. Filerman
Opening Statement:	Dr. Hagop Mashikian
Morning Panel:	Issues in Education
Panel Chairman:	Eli E. Cohen
Participants:	Dr. Helen H. Burnside Ms. Gail Fidler Dr. Alice Garret Dr. Michael McGarvey

MR. FILERMAN: My name is Lee Filerman, and I am the Director of the Consortium for Occupational Therapy Education. Welcome to our Symposium.* We are pleased that you were able to join us today. First, a word about the issues we will be discussing. We are continually confronted with major issues as we move into the implementation of the program. I am always startled by the number of new issues which emerge, especially after so much time in planning was spent by knowledgeable people committed to the objectives of the project.

In this project, there are more than ten major cooperating agencies and institutions, each of which has its own needs, constraints, and agenda.

From the variety of issues which we could have focused on today, we have selected some of the more generic issues related to education and employment. We have not selected basic issues in occupational therapy since this would require a separate symposium.

We encourage questions and comments from the audience which we hope will open up new avenues for further exploration.

I take pleasure in introducing the Director of Rockland Children's Psychiatric Hospital, a man who has been the chief architect in bringing this consortium together. Dr. Hagop (Jack) Mashikian.

DR. MASHIKIAN: Thank you, Lee.

When I was asked to make a few remarks to this Symposium,

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* A list of people attending this Symposium appears at the end of the transcript.

I was awed by its very broad and provocative theme, namely, A Critical Analysis of a New Model for Occupational Therapy Education: Its Applicability for Other Occupations and Systems. When I became aware of the major themes of the two panels--education and employment--I was reassured that the distinguished members of these two panels could ably speak to these issues, and I could concentrate on a number of general comments.

The Consortium for Occupational Therapy Education has been faced with certain operational difficulties which touch upon employers, employee interests, faculty, students, the Civil Service Employees Association, and even the Civil Service System itself. These issues are very important, and because this is a new model in its early phases, we need to be patient, explore, and gain assistance from the experiences of the panel members and from the audience.

About eighteen months ago when I was first approached by the National Committee on Employment of Youth to explore the possibility of my hospital's willingness to participate in the development of a new model for training occupational therapists, I eagerly welcomed the opportunity. Here was a challenge to a consumer organization, a hospital, to participate in a new concept in manpower training programs.

In the past, we had often criticized, yet had done very little to influence the design of such programs. Here was a chance. The opportunity soon became broader as the need arose to develop a broader-based alliance with three other State facilities--Rockland State Hospital, Letchworth Village, and Helen Hayes Hospital--along with Rockland Community College, the Hunter College Institute of Health Sciences and the National Committee on Employment of Youth, to pool our efforts and organize a consortium. Here was an opportunity to test out new ideas on management values and constraints, since to participate in such a consortium calls for a great deal of give and take. Here was also the opportunity for the agencies and organizations to learn from each other, and, in the process, to offer a rewarding future to their employees for whom, until this time, a professional career was nothing but a dream. By serving our employees, we would also be serving our patients who would be provided with higher levels and quality of care.

We were seeking to develop alternate routes to credentialled education and training for occupational therapists. We had to excel, but could we? What made us different from other programs? We did not want to duplicate existing programs. The challenge was both exciting and frightening. The opportunity was there, and we embraced it.

The planning process was not easy. It called for individual and organizational sacrifices. The organizations--the hospitals, the colleges, the professional association, and the National

Committee on Employment of Youth--had been functioning from their own perspectives and priorities which they assumed to be unique and superior to those of others. Each was attempting in its own way to find solutions to some societal problems, and each used a set of traditional services to that end. Could these independent organizations collaborate effectively and join their different sets of services in order to solve the problem of how to train occupational therapists in a work-school setting when the goal was stated generally and idealistically? There was general agreement, but specific program issues arose which challenged the ways in which the organizations delivered their services. Questions of status, education, and supervision; hiring of personnel, teachers, and faculty members; transferability of credits, credit for work and life experience; and released time for training and education were issues on which serious disagreements took place.

The Consortium could not reach consensus until its members were lifted above the tensions of the moment by powerful shared purposes. While some of these purposes appeared to be simple, it was essential that they be identified and ordered so that the process of working together could begin.

1. We had to meet the basic standards of the collaborating academic institutions, Rockland Community College and the Hunter College Institute of Health Sciences.

2. We had to meet the requirements of the American Occupational Therapy Association and of the New York State Departments of Health, Mental Hygiene, and Civil Service.

3. Training and educational practices had to be looked at in the general context of a rapidly changing society and in the environment in which the students as professionals were to practice. The State Hospitals were undergoing rapid changes in the ways in which they were delivering services, and students had to be prepared for this changing situation.

4. The future professionals would be asked to function in ambiguous settings, probably in inter-disciplinary teams with changing membership. Small group techniques, communications skills, adaptability, emotional stability, awareness of social issues and individual values would be essential for the students.

5. Excellence in education could be attained in a variety of settings, not only in traditional college settings, and learning is a life-long process.

6. Competence is essential.

7. A high level of achievement would be expected of all students, but, at the same time, individual differences relative to achievements at different levels would be taken into account.

8. This program is experimental; critical input from all concerned and periodic evaluation of our efforts would be essential.

9. We expect to be successful, even though we might encounter serious difficulties.

The resulting proposal with detailed statements of purposes, curriculum design, field experience and evaluation, was accepted by all participants and legitimated by a Federal grant for implementation.

Some of the issues on education and employment that the panels have been charged to explore today reflect the strains of working within a consortium despite efforts by staff, faculty and students to alleviate these strains.

It is not easy for a college to shuffle its departmental resources and tailor its schedules to accommodate the needs of exceptional students without creating internal administrative and professional conflict. For example, many faculty members object to cooperating with adjunct faculty as qualified co-equals who might contribute to decision making within their institution.

The traditional issue has been and will continue to be between advocates of liberal education versus advocates of professional training. I leave the details of this issue for the panelists to consider.

For the employer there is a different issue: providing released time for training versus providing continuing services to patients. In addition, there are the needs of other employees not engaged in the program who demand equal treatment and released time to pursue their education.

These are the major issues as I see them. There are other factors which are important but less crucial to the success of the program.

We must not allow these strains in the early stages of an ambitious and complex partnership to diminish the opportunities for our students. Those who have been closely involved in the design and development of this program are zealous, determined, creative and dedicated.

Our students are not your average body of students. Most of them have been out of school for from fifteen to twenty years; they have been working for an average of seventeen years. It is up to the leadership of the participating organizations in this Consortium to make additional efforts in their collaboration with project staff. I do not think we can shrink from this responsibility. Such collaboration will underscore our recognition that, in addition to the growth and development of individual student-employees, organizational change and development also take place,

whether we recognize it or not. Each of these employee-students is going to contribute to the growth of our own organizations.

If we are, in fact, committed to these affirmative changes, there must be a continuing commitment on our part to provide resources and to reconsider our customary way of doing business. We must also recognize that singling out a few employees for professional career development must be regarded as an investment in those individuals, an investment in the value of the individual as well as in the organization. In other words, there aren't too many strings attached. We are saying that these individuals, who have been deprived over the years, now have an opportunity to grow and move into professional positions. We should respect that growth as a worthwhile investment in the individual himself, regardless of whether the impact on the organization will be positive or negative.

I would like to thank you for giving me this opportunity to get a few things off my chest. I look forward to the panel discussions which may lead to answers to some of the issues which I have touched upon. I would like this project to succeed and I would like to see it repeated as often as possible. Thank you.

MR. FILERMAN: Thank you very much, Dr. Mashikian, for your remarks and for your continued interest in the project. I would now like to introduce the chairman of the first panel, Mr. Eli E. Cohen, Executive Secretary of the National Committee on Employment of Youth.

MR. COHEN: My job here is to set the stage for the panel and then, once we get rolling, act as a traffic cop. I will try to do that with dispatch.

Let me start by referring to some of the things that have been said by the two previous speakers.

I think Lee Filerman hit on one of the key points when he referred to the fact that, despite the long and careful period of planning for this program and the experience of operating the program, there are many tough problems which have been raised and not answered.

That is one side of the equation. The other side is Dr. Mashikian's point that the colleges, as institutions, have some problems in adjusting to new situations and to change. While we would like to have colleges move more quickly and while we would like to push them in a way that would facilitate that movement, there are some practical realities that one must contend with in order to get the movement going.

I think Dr. Mashikian put it very well when he said, in effect, what we need to do is figure out the additional effort needed, and how one could carry out that additional effort in order to achieve a rate of change, a rate of adjustment, and a rate of innovation that projects like this require.

I think we know that progress is the question. The problem is finding the answers. For this purpose, I think we are well fortified today with a top-flight panel and with experts on both sides of the table. Many of you in the audience probably are just as qualified as those of us on this side of the table to provide the answers. Perhaps through interplay on both sides of the table, we will come up with something.

Now, the format very simply is this. We will address ourselves to two of the questions that are listed. If there is time, we will try to get to the third question. Two panel members have been assigned prime responsibility for one question and the other two prime responsibility for the other question.

We will discuss each question separately. When the two panel members assigned that question have finished, we will give the other two panel members an opportunity to react. We will then have questions and comments from the audience. When we have reached our time limit on the first question, we will move into the second question.

The first question is: <u>How can we devise greater flexibility and secure faster decision making in the colleges in areas such as scheduling, the development of new courses, and in structuring courses that are more job relevant?</u>

Our first panelist is Dr. Michael McGarvey, Vice-Provost for Health Affairs, Hunter College Institute of Health Sciences.

<u>DR. McGARVEY</u>: It's really a pleasure to be here, and I hope to open up several issues which can lead to some profitable discussion.

It seems to me that one of the attitudes about educational institutions prevalent in this particular Consortium and elsewhere is that educational institutions are almost invariably seen as the parties of conservatism, inflexibility, and unwillingness to change. I think that this perspective is wrong. A superficial answer to the question under discussion would be to find acceptable institutions to begin with. But what are the factors that go into making an "acceptable institution?" It seems to me that there are a few factors which basically boil down to people and individuals. One of the things that is really critical when one is shopping around for an institution in which to begin this sort of program is to find a place where

there is a person of good will and some degree of substance, or a person who has an appreciation of good patient care and some idea of what goes into the educational process. I think that these kinds of people are becoming somewhat more common these days.

There is another aspect of this question which I find very provocative and troublesome. As someone recently come from the patient care area, I am concerned with the incongruence that exists among three different levels of functioning in society.

One is the actual level of patient needs as they can be identified in a variety of ways. Another is the health care delivery system which represents a major employer of people. I think we can all cite instances where there is simply no congruence between the health care delivery system and the community of need. The final area is the educational realm which, presumably, prepares people to work in a health care delivery system which may or may not address patient needs.

One of the things that I find very encouraging about the kind of approach this Consortium represents is the opportunity to bring some degree of congruence to those three worlds which often bear little or no relationship among one another.

In terms of improving decision making, in educational institutions, one of the things we have to be aware of is that, by and large, curriculum development and curriculum approval are faculty matters, and therefore an area of faculty decision making. This is a tricky subject requiring the kind of agonizing analysis that has been part and parcel of the value of educational institutions, but which sometimes is intensely frustrating to those of us who are accustomed to making prompt decisions with regard to a patient's well being.

I think this is the kind of tension Dr. Mashikian referred to which exists between a liberal arts and a professional or occupational orientation. There is a real tension that exists between those in the traditional liberal arts and those in the "applied" sciences, whether they are considered professional or tradespeople.

I think, particularly in the health area, this tension represents an interesting facet, because health, as we all know, is cloaked in a kind of mystique. Those who are part of the liberal arts tradition in a college, such as my own, for example, live in a kind of love-hate relationship with health professionals, because they share part of the frustrations of the overall American public who see a health care delivery system that is increasingly expensive, increasingly unresponsive, increasingly different, and yet increasingly viable and capable.

They are caught, as are most lay people, in a bind between valuing health care highly and being infuriated with health professionals. In the process of trying to determine my own college's stance in this kind of program, I was, myself, caught in this dynamic. It's a dynamic which is, in fact, being dealt with today with some degree of success.

There are a number of things happening on this score, and I would like to cite some concrete examples.

Our willingness to participate in this Consortium is an indication of our interest to begin to explore the role of traditional educational institutions.

The City University of New York has put together an extraordinarily good training program called the CUNY B.A. Program, which permits an individual to sit down with a panel of faculty members and to help design his own individual curriculum, putting at his or her disposal the resources of the entire University of the City of New York on its twenty campuses. The various courses, whether in the day or evening sessions, are put together for a curriculum that makes sense for the particular needs of that individual, and which is academically sound. I think one could not ask for a more liberal and more flexible approach for addressing the needs of mature, highly motivated students.

Therefore, I think that the onus should not be placed entirely on the backs of the educational institutions. It seems to me that we have found a rather painful kind of inflation in credentialing going on in the last several years. We are seeing everyone running after the baccalaureate degree without any kind of evidence that a baccalaureate degree makes a person able to provide good patient services. This is the notion that requires extraordinary, careful examination.

I think we have been caught up in a circle in which the employing institution, the credentialing and certifying agencies, and the professional associations et al., are striving for the best credentialing for their employees, members, and trainees in areas which require academic accreditation.

Dr. Edmund Pellegrino, who was the driving force and the stimulation of the State University Program at Stony Brook and now is the Vice-Chancellor for Health Affairs at the University of Tennessee, has come up with a notion that I find provocative. Basically, he has called for divorcing education in the liberal arts sense from applied professional training. He feels that in the kind of world in which we live and toward which we are moving, liberal arts education is the way to prepare oneself to deal with leisure time, while professional education is that which prepares one to make a living, and that those two need not be intertwined. What he is calling for in a conceptual sense is divorcing the liberal arts degree from the training of the

practicing professional.

I think it is an interesting notion which points to the issue that I tried to raise, namely, how do we slow our historical plunge toward more and more credentialing? I hope that I have raised a few issues and I look forward to dealing more directly with your questions.

DR. COHEN: Thank you, Dr. McGarvey. I would now like to introduce Dr. Helen Burnside, Associate Provost for Health Sciences, State University of New York.

DR. BURNSIDE: I am stimulated by some of the things that Dr. McGarvey has said. I hope we will have time to hear some questions.

I believe that in most educational institutions there is a great need for much more flexibility in scheduling and in the way courses are conducted. However, I think it is important that we not lose track of the fact that we must establish objectives for what it is we want the person to know after completing the educational program. I get very concerned when I hear about new kinds of courses, new subjects, and so forth. I believe we must know what it is we want the person to attain upon completion of these opportunities.

We have done a lot in terms of the new competency based criteria for teacher education, the use of multi-media in the development of materials, modular learning, and the use of cognitive styling or planning for individuals. We have begun to realize that people learn in different ways, that different methods can be used for people who learn better visually or audibly, and that we can identify the kinds of educational opportunities which can be developed for them.

I have recently been working on the new external degree program which is a non-traditional method for obtaining certain ends, but which is threatening in some ways to those who are in the establishment, because change itself is threatening. I have been working with the development of a performance exam in nursing, and it has taken approximately two years to get where we are in its development. We still have not completed that part concerned with what it is we would like to see the individual be able to do competently. Occupational therapy will probably require a similar period of time.

When Lee asked me to come here, I knew very little about this Consortium. I think that the idea of people from different institutions working together to deliver both services and education is a tremendous undertaking, but I would stress that they

must know what the goals are.

MR. COHEN: Thank you, Dr. Burnside. I wonder whether the other two panelists would like to comment or ask questions before we open discussion to the audience? Yes, Dr. Garret. This is Dr. Alice Garret who is the Medical Director of the Helen Hayes Hospital, one of the four hospitals in the Consortium.

DR. GARRET: One of the questions I have is about the ability of educational institutions to train occupational therapy assistants who will need to demonstrate a certain amount of scientific knowledge, take a full complement of liberal arts courses, and learn the practical knowledge needed to assist an occupational therapist, all in two years. I think it can be done, but will that person be academically prepared to go into the last two years of a baccalaureate program? If we delay the liberal arts part until the last two years, what will be the difference between a registered occupational therapist and a certified occupational therapy assistant in the practical applications of the skills?

MR. COHEN: Does anyone on the panel wish to pick that up? Yes, Mrs. Fidler. This is Gail Fidler, Director of Practice, Education and Research of the American Occupational Therapy Association.

MS. FIDLER: One of the dilemmas that face us is trying to make an orange fit into a crate that holds bananas. We cannot talk about competency based learning and liberal arts learning as if they were synonymous. If we reverse the process and begin to look at the basic question of what is necessary, what are the performance skills and tasks and the attendant body of knowledge needed to fulfill these tasks, then I think we can begin to determine what is needed in terms of knowing as a total human being. I think we need to keep that perspective in front of us at all times.

MR. COHEN: We will now entertain questions and comments from the audience. Please identify yourself when you speak, your name and affiliation.

MS. BREACH: My name is Lucille Breach, and I am the Manpower Director of Rockland Community Action. I would like to hear some comments from the panel on Dr. Garret's question, in order to get some questions of my own formulated.

DR. McGARVEY: Do you mean what is basically going to be the difference between a certified occupational therapist assistant and a registered occupational therapist?

MS. BREACH: Yes, and how do you deal with it?

DR. McGARVEY: There are two different issues involved with that question. Ms. Fidler put her finger on it: that the basic requirements which lead to a baccalaureate degree may not have anything to do with the applied talent, skills, and abilities that the individual is going to manifest at the end of the program.

In the education of physicians, for example, one of the reasons that medical training programs are so long is the hope that students will mature a little bit during the time they are being trained. We can all point to the fact that somewhat more mature persons, when working in therapeutic relationships with other individuals, are usually better at doing it than younger people. Life experience and just growing up as a human being have a good deal to do with one's ability to relate in a therapeutic way to another person. And this may or may not have anything to do with what one learns in a course on Balzac or Voltaire.

Another point that I would like to make is that courses of remediation which take an individual from a very basic kind of learning to more and more advanced learning are necessary. We have devised for students at Hunter College remediation devices and techniques which allow them to progress after a month, two months or three months in specialty areas and subjects.

But does this have anything to do with the difference between the two levels of occupational therapy workers? This comes back to the competency based question of what the expectations are of either the employing institution or the certifying body which establish the performance levels. A liberal arts education institution will be hard put to define these levels, and probably has no business in that area. These are functions which should be defined by specialists in the area and the people who employ them.

MS. BREACH: I do agree that, in line with the original statement, there is not the necessary understanding between the professional and liberal arts approaches, and that this program is the beginning of doing something to break down the barriers that prevent that rapport. The two approaches should begin to recognize there is room for both, and that they can be dealt with individually as well as collectively.

DR. McGARVEY: One thing we have done in the nursing area--and we have at Hunter a very large school of nursing--is to put together what we call an open curriculum in nursing, which is basically aimed at people who are working, people who have to come to school in the late afternoon and early evening and who have to make a living.

What we have tried to do is put together four modules through which people can move. Each module is a combination of clinical work and academic work. In preparing the program we initially met with representatives of a voluntary hospital, several city hospitals, and with a variety of other potential employing agencies. We looked at their job descriptions and tried to design our modules in such a way that people could leave at different accredited levels. They have the options to go out and work full time, go through the educational process full time, or utilize a combination of work and education.

At the end of the first module, the person meets the requirements for a nurse's aide in any of the public or voluntary hospitals in the city. At the end of the second module, they can become licensed practical nurses. At the end of the third module, they can sit for the registered nurse's examinations. At the end of the fourth module, in addition to being registered nurses, they will have received baccalaureate degrees.

This seems to be a good way to approach education, because it allows people to move in and out at several levels, to obtain jobs related to their skills, and it does not make their ability to function and work contingent upon academic degrees. On this last point, I would make a plea as one who has worked both as a physician and as an educational administrator, not to make the opportunity to work too closely associated with academic credentials.

MR. COHEN: At this point, let us move to the more concrete issues of institutional development. Our immediate problem, as I sense it, is that the colleges, like other institutions, are slow to respond to change and innovation. Sometimes they are downright rigid. It is important to look for individuals within a college who might be susceptible to change, but those individuals are functioning within a system which says, for example, that faculty committees have the power to decide whether to do one thing or another thing, that scheduling a three-hour course has to be done one hour a day three days a week instead of three hours on one day, etc.

How do we deal with these problems? How do we get acceptance of new courses which are viewed with suspicion because they are different from what traditionally has been acceptable? This is the kind of help we are looking for.

MS. FIDLER: In many ways, we have the cart before the horse. This approach explains why we are where we are. We can't talk about why the colleges don't get themselves together in order to do what we want them to do unless we first talk about what it is we ought to do collectively and how we go about determining that. I have had many questions for many years about formal education; questions about how people relate to knowledge and new experience, and why it has taken us so long to adapt the processes of education and learning to this phenomenon.

Nevertheless, in defense of the institutions of higher learning, all of the criticisms leveled at them can also be said about the professional organizations. We should not take pokes at the colleges unless we also take a critical look at the hierarchical structure, rigidity, and inflexibility of professional organizations.

How can we expect Hunter College or Rockland Community College to be flexible when, for example, the American Occupational Therapy Association says, "You've got to take this course on Voltaire or you cannot become a professional occupational therapist?" We have to look at both sides of the coin.

We must also look at what are we up to in terms of our perspective about what an individual needs to know and how we measure it in order that a person can be identified as competent to practice at a particular level. If we don't address ourselves to these issues, we are going to spin our wheels again.

DR. BURNSIDE: I definitely agree with you. It seems to me that changing institutions is a more difficult task than figuring out how to reschedule a three or four credit course. I am sure that some academic institutions have looked at new ways of rescheduling courses, but, again, you are stuck in a system. This is the reason we sometimes turn toward the development of non-traditional methods of study outside the system in order to get around the particular barriers we cannot break through.

This is why I mentioned the external degree. It is a way to go in order to get around rigid existing systems.

DR. ESKOW: I am Seymour Eskow, President of Rockland Community College.

It would help me to understand these general propositions if either the panel or the project staff would illustrate the kind of response that the profession and the employing agencies expect from the educational institutions. In other words, there is clearly some concern. Words like flexibility and institutional rigidity have been used, suggesting that there is a lack of response on our part to certain requests or demands that have been

made, either explicitly or implicitly, but no one has illustrated those requests. Is it that we have been asked to change from three credits to four credits, or to teach in the agency rather than on our campuses? What is it that you want from us that you are not getting?

MR. COHEN: That is a fair question. Does anybody want to attempt an answer?

MS. BERNSTEIN: I am Roberta Bernstein, Health Career Consultant at Orange County Community College. We are faced with the same problems in setting up a health careers curriculum. I agree with Ms. Fidler. The problem I find in Orange County Community College is not the faculty. I'm sure that most community colleges are very well aware of the liberal arts versus paraprofessional training dichotomy. With the new concepts in society today that go far beyond the reaches of college educators, and with people being more aware of human needs, I doubt if a large percentage of faculty members are against flexibility. I don't think this is an issue anymore.

Our problem, and we are really quite uptight about it, is getting the cooperation from the professionals, from the professional organizations, and from legislative bodies in different states. Right here in New York State, for example, there is a good deal of in-fighting among the different health professions, and it is not confined to just a particular profession. This in-fighting within and among the professional groups is so intense that few people can enter many of the professions. It is even difficult to get them to cooperate on getting legislation passed in Albany which would protect and enhance their own professions. Because of this, the national organizations are having a difficult time establishing guidelines for curricula which would meet the separate needs of two-year and four-year graduates in a particular speciality.

We can't get levels of competence defined because we haven't decided yet whether or not we should have paraprofessionals or recognize them in the first place.

DR. BURNSIDE: In all of these areas there is a tremendous blurring of roles.

MS. FIDLER: I think the project staff should answer these questions.

MS. SANDS: I am Mary Sands, Project Coordinator at Rockland Community College. I feel I should defend Rockland Community

College. I don't think we have met with any inflexibility. The college has been extremely flexible. I am not sure I can identify the kinds of things that the question lends itself to. I agree with Ms. Fidler that we, as a staff, have not asked the college for certain kinds of things, and we don't know what its response will be because we haven't gotten that far.

MR. FILERMAN: One of the things, Dr. Eskow, that we are becoming aware of is that the State of New York has certain requirements for a baccalaureate degree, such as 60 credits of liberal arts. Now, this may be a different issue, but that seems like an extraordinarily large number of credits to have to take, especially in three-credit bites which require two nights a week.

Shouldn't we try to trim off some of these liberal arts requirements for people who are already at work and who have had considerable experience relevant to their education?

We haven't addressed all of the issues raised here because we haven't had the time; however, by August, we should have a much better picture of what it is we want from the colleges in the way of specific modifications. We have found problems of scheduling. We have found problems with faculty who teach in ways not conducive to furthering our project. We have found problems of faculty and administrative prejudice against our students.

DR. BURNSIDE: There is a perfectly respectable degree--which may not be acceptable to the City University of New York--called the Baccalaureate of Professional Studies, which only requires 30 liberal arts credits. Why not aim for that degree, if it would be acceptable for becoming a certified occupational therapy assistant?

MR. LESH: I am Sy Lesh, Director of the Paraprofessional Upgrading Project of the National Committee on Employment of Youth which sponsors this occupational therapy program and several others under a Department of Labor Grant. I would like to respond to Dr. Eskow's statement, not solely in relation to the occupational therapy program, but to a variety of programs with which we have been involved.

We have encountered problems with the internal administration and operations of many academic institutions. For example, how do you get approval of a course or a curriculum when the college's Curriculum Committee meets once or twice a year? If you don't come in well enough in advance, you have to wait for the next meeting, which delays programs six months or longer. In another case, you have approval for your program

from the college president, the provost, the vice-provost, the heads of departments, but one instructor in the psychology department or the English department will say, "I don't want to do that. You are impinging on my academic freedom," and right away you are out.

The problem seems to be that the power base within academic institutions is so diffuse that decisions made cannot be implemented. Other, non-academic, institutions often have similar problems, but at least there is a hierarchy where you can go, get a decision made, and know that it will be fed down the line. In an academic institution, it goes down a little way, sometimes, and often doesn't reach the bottom.

DR. ROSEN: I am Sumner Rosen from the Institute of Public Administration. I would like to hear responses from the educational institutions present on an unstated question which we may, in fact, be talking about.

Are programs of this kind perceived as noblesse oblige to be provided for the less fortunate by institutions which otherwise are reasonably satisfied with the mainstream of their activities? Or are they seen as opening doors to a new kind of education for everyone in which institutions will be more heavily engaged in the future? In the latter sense, the steps one takes would not be reluctantly taken from a past which is acceptable and comfortable, but necessary steps into a future which we must begin to address in large institutional terms.

If educational institutions do not come to grips or have not come to grips with this question, then the problems of implementation will always remain troublesome, and the kinds of problems that Mr. Lesh was just referring to will continue to recur. Partly they derive from the diffusion of authority in academe; partly they derive from comfort with approaches to curriculum, student recruitment, et cetera, to which these institutions have long been accustomed and with which they are satisfied.

So the question of whether we are moving into a new kind of education seems to be critical. There is a difference between the general approach of the four-year colleges, except for institutions like Hunter, and the two-year colleges such as Rockland and Orange Community Colleges which see themselves developing new forms of education for new kinds of people.

DR. MASHIKIAN: During the last few years there has been a significant rapprochement between human service delivery organizations and community colleges.

There is an additional suggestion that might be worth consideration by the colleges and which might also help the students. Employer institutions should develop and accept more

field placements from colleges. The students placed in my hospital are supervised by our staff. They get six college credits for the supervised work they do. At the same time, the supervisor of that student may get no credit because he is not enrolled in a college program. We should work out arrangements for providing credit or stipends to staff members who supervise college students. These are little irritants that may become distorted and exaggerated.

MS. VOGEL: I am Anita Vogel, Director of Human Services at LaGuardia Community College which is part of the City University of New York. We are involved in programs that are parallel to this one.

MR. COHEN: Ms. Vogel is the original mother of the development of this model.

MS. VOGEL: We have two similar models, one in the area of mental health and the other in child development. Many of the questions raised here are the same questions that we are struggling to digest and resolve.

Some people have said that scheduling is a small and insignificant problem, that it's not germane. I disagree. It is a very big problem and in some ways a very significant problem in that, with all sincerity, our faculty is having indigestion about our switch to two-day a week course scheduling. They see themselves trying to deliver quality education to a population that hasn't been in school for quite some time or to new, not very well prepared, students who have come from high schools.

The argument goes like this: We will schedule a course one afternoon a week, or we will schedule a course two days a week, but we really believe that students will learn better if they take basic English four or five days a week. The reinforcement will be better. And we say, "Yes, but these students can't get here four or five days a week, and isn't it better to have them here two days a week than not at all?"

Another problem is that in these models we have a small population of students and when we ask faculty administration to program for fifteen students at a time, it becomes extremely inconvenient for other academic divisions to have faculty and budgets available. But, they have done it! Unless we are able to plan six months in advance, we are asking the Social Science Department or the Natural Science Department to hire a capable instructor in three weeks or less. We all know enough about recruitment to know that this kind of demand has to create tension.

So here we are, wrestling with a brand new program which started in September, trying to revolutionize the scheduling of the entire college for our 200 students (out of a student body of 4,000) and getting support, getting cooperation, but having a heck of a time explaining why it is that employers' needs are more important than the college's needs in educating people.

It takes a lot of talking. It takes a lot of interpretation. I will tell you something else. We don't always get the help we need from the employers in interpreting to the college why this approach is necessary. Often, all we get from the employer is a request to change some of the new elements we struggled to put together for him.

Dr. McGarvey described the City University of New York B.A. program. It is an excellent program, but it, too, is not free of problems. For example, a CUNY community college may work out an agreement with a CUNY senior college to accept for transfer all credits taken at the community college. This is great, but it doesn't happen quite that simply. The student goes to a senior college of the CUNY system with his 66 credits from the community college and, yes, they will be accepted; however, if he wants to take X course, he suddenly finds he doesn't have the prerequisites. The whole City University of New York B.A. program is hung up on the same problem. Sure, you can go to any one of 20 institutions and take whatever courses you like, <u>provided</u> you take the prerequisites that that particular institution thinks you should have.

And so, what we have are 20 autonomous institutions with a nice label that says the City University of New York, and some nice guidelines spun out by the Board of Higher Education, but these 20 institutions do as they darn please, and we, in the community colleges, are caught. We want to cooperate, but the senior college insists on doing things its way. I don't know if that answers or opens more questions.

<u>MS. WEISSMAN</u>: I am Ray Weissman, Program Evaluator of the Project. This has been an extremely interesting discussion; it brings many different levels which have to be considered. Perhaps what we need is the kind of technical institute they have in Europe which separates technical education from university education. It is my understanding that senior colleges do not want to become technical institutions, that they wish to retain the liberal arts tradition. I agree that there should be academic institutions that educate people in liberal arts, humanities, and in the sciences, and that move people on to graduate education. On the other hand, what we also seem to need are technical institutions that will educate and train people for careers and that this should not be confused with university education.

I thought that Dr. McCarvey was saying that the Hunter College Institute of Health Sciences is coming to something like this technical institute when he gave us an outline of the four modules of nursing education in which one can become a registered nurse, enter the profession, practice, and earn a salary without having a bachelor's degree. I don't know if Hunter can do the same kind of modular education with our occupational therapy program.

I am also aware that there has been, up to now, a demand for academic degrees by employers and the profession. A bachelor's degree in occupational therapy was required in order to practice. This has now changed: a qualified individual may sit for the registry examination without having a bachelor's degree, and later can go back to school and get it in any area including liberal arts. The degree does not have to be connected with a professional education.

Now the different agencies--the colleges, the professional association, the employing institutions, the union, etc.--have to come to an agreement on what level of education they are willing to accept, what kind of a name they will give that education, and whether to separate it from a university education.

DR. BURNSIDE: There are different kinds of degrees that presently exist which require varying amounts of liberal arts credits. We have the associate occupational science degree which has no liberal arts; the associate in applied sciences which requires 20 credits in liberal arts; the associate in science; the associate in arts; four different ones. We also have the bachelor of arts, bachelor of science, the bachelor of professional studies, and the bachelor of technology. These bachelor's degrees also require varying amounts of liberal arts credits. So the system exists.

MS. WEISSMAN: But then you have the employer demanding a bachelor of arts degree, not knowing about any of the others.

DR. BURNSIDE: Well, I think it's up to the employers to indicate which degree is acceptable for their workers.

MR. COHEN: It's time now to move on to the second question. I started this discussion by saying we knew the questions and our problem was to find the answers. I would like to modify that statement after this past discussion and say that I am not sure we are agreed on what the questions ought to be; that we really have two points of view here. One is that the problems are fundamental, philosophical, and have to do with goals, etc. The other is that this is an institutional responsibility, and we need to be concerned with tactics and strategies. My own

feeling is that probably both views are relevant, and that it's not an either/or situation.

Now, the second question is, How do you integrate in a work study model, classroom education, supervised field work and employment? This question does not refer to any particular agency or any particular college, it is a general question.

DR. GARRET: I am delighted to be part of what I feel to be one of the first true career ladder programs in the health sciences. There have been other programs but most led to dead ends. I am hopeful this program will result in a true career ladder that will enable participants to reach professional degrees.

I am a little disturbed by the last discussion which referred to the possibility of becoming registered occupational therapists without a baccalaureate degree. Will such people be considered second level occupational therapists? The nursing profession has had all kinds of problems with the various levels of registered nurses. I would hope that the occupational therapy group can learn from this and be aware of the potential problems.

Each of the people in this room is obviously a far-thinking, unprejudiced, gifted person in his line; however, each one of us comes from an extremely rigid institution. Everyone here has developed a level of expertise which allows them to cope with the rigidity, but they have also developed biases in the process of learning to cope, that is, we think we know how to cope with our own rigidities. It's the other people's rigidities and problems that we would like to see changed. There is a danger in that.

In case this sounds at all discouraging, I would like to quote from Benjamin Franklin, who made this statement in September, 1787. He said:

> 'When you assemble a number of men to have the advantage of their joint wisdom, you inevitably assemble with these men all their prejudices, their passions, their errors of opinion, their local interest and their selfish views. From such an assembly can a perfect production be expected? Thus, I consent, sir, to this Constitution because I expect no better and because I am not sure that it is not the best.'

He then went on to propose that the Constitution be signed. That should give us hope.

Of all the institutions that are represented here, the one that seems to be the least rigid is the American Occupational Therapy Association. This attitude brings with it the advantages of being less rigid and able to adapt to new situations quickly, but we have to remember it is a relatively new profession and that, in itself, causes problems.

There is a difficulty in even defining the field of occupational therapy, and the students that come out of the existing training programs define occupational therapy as doing a little bit of everything, or as a very narrow field. It is a difficult field to define. It has many, many overlaps with other professions. If the field of occupational therapy is difficult to define, then how much more difficult is it to define the roles of the certified occupational therapy assistant and the aides?

As Gail Fidler said earlier, in defining educational objectives in occupational therapy, the first step has to be the definition of the field. This I feel is a problem for the occupational therapy profession itself, and not for the educators, administrators, and physicians.

What we non-occupational therapists should do is criticize what the effect will be on patients and how this profession defines itself in relation to the larger professional group. What do we have when we produce occupational therapists today? We provide four years of academic training. We send the student occupational therapist to an affiliated clinical institution for the practical training. Therefore, the burden of practical education lies with the clinical institutions. However, we cannot get much help from the occupational therapists in the schools if they are too separated from the clinical field. We have a rapidly changing medical field, and the affiliated hospitals must accept the responsibility for teaching with very little help from the academic institutions. In fact, more problems may be created if the academic institution tries to come in.

Now, then, we are setting up a program for certified occupational therapy assistants who will be going on to associate degrees, and we start with a hospital setting. What are we going to produce? Our students will have two years experience and training as certified occupational therapy assistants while the new students coming in for their first affiliation are going to be behind. This is going to be a challenge, and it's going to make for rapid change. Hopefully, the professional occupational therapists and educators will be able to meet this challenge before one more year goes by.

Another problem area is the rapidly rising cost of medical care. Yet, if you look around a rehabilitation hospital such as ours, you find great overlap of services. Occupational therapy is right smack in the middle of this, because it overlaps many other fields, and the students are usually unaware

of what the other overlapping professions have to contribute. This could lead to duplication of functions and excess costs to Medicare.

The easiest way to solve this problem is to have the students in different disciplines trained together. But the State of New York is establishing physical therapy assistant programs here, occupational therapy assistant programs there, and a speech therapy assistant programs or nursing assistant programs elsewhere, and separating them, not only within academic settings, but separating them geographically. We are going to compound this problem instead of solving it. I would much rather see all related assistant-level health programs established in one community college, and the unrelated programs in another community college.

The last point I want to make is the problem of hiring back to the institution. The State of New York has a Civil Service System which has done great things in protecting against patronage. But we also have the rigid Civil Service rule that says you cannot hire an advanced person, a senior occupational therapist, from outside the State of New York. They must come into the system at a low level and work up. This tends toward provincialism. With this program of educating the occupational therapists and occupational therapy assistant with the purpose of hiring them back into the same programs, there is going to be no room for new blood, and there are some new and good ideas outside the State of New York which we need to incorporate here.

MS. FIDLER: Dr. Garret has raised many questions for me. There are two areas that I want to speak about briefly. The first is that the process of learning I talked of earlier relates to the question of how you integrate classroom education, supervised field work, and on-the-job training in a work study model.

Each of us knows that the attitudes, perspectives, and philosophy which we have evolved over a lifetime do not disappear when we enter a new situation. I think we have to take a very serious look at the process of learning. We have come to believe that what is valued in terms of learning is what is accumulated or achieved within a formal classroom setting, and this begins in the first grade and continues throughout our lives. For cultural, social, and economic reasons, we have come to rank formal education over life experience, in spite of the fact that we know that the process by which the human organism learns is mostly through experience. Learning begins at the sensory level, moves to the motor level, and ultimately reaches the cognitive and abstract levels.

We do it backwards, and have done it backwards for all of our formal educational lives. We begin with theoretical concepts,

with the abstract, with the philosophies, and then we say to the student, "Now go out and try it," rather than beginning with the doing and experience and then saying, "Now that your feet are wet, now that you have had this experience, let's extrapolate from that experience and see to what extent we can develop theoretical constructs regarding the variety of experiences that have been a part of your learning and a part of your working."

Until we can begin to feel comfortable with this perspective, the integration of experience and formal education is going to be difficult. Each of us here knows personally how easy it is to get caught up in the worship of formal lecturing, formal telling which takes the approach that you can only know if I tell you, you can only know if you read it in a book, and then repeat it back to me.

We have very little respect today for the development of wisdom and skill via the experience route. We can have the best of intentions in terms of commitment to experiential learning, but it's another thing to have hold of it sufficiently so we can develop and provide structure and guidelines for maximizing it.

Experience, in and of itself, may be valuable, but it has some limits if it is not organized in such a way that one is helped to translate it into constructs which can be squared with other persons. Until such times as that level is reached, what is learned is relatively useless to other persons except as I function as a role model. You can imitate what is being done, but that is a limited perspective with regard to professional learning.

We have to pay serious attention to the identification of the critical tasks that are involved in being an occupational therapist and in being a certified occupational therapy assistant, and from these critical tasks identify the required knowledge and performance skills--both observable performance skills, and performance skills that emerge from a set of attitudes and perspectives about human beings and their functioning.

As we move in this direction, we can provide a learning model in which the skills and the knowledge that are necessary to perform at a specific level of competency will be identified. We can then provide the kind of instruction and the kind of help that is necessary to employers and academic institutions.

The American Occupational Therapy Association has committed itself to an experimental model for learning: the competency of an occupational therapist may indeed be unrelated to the accumulation of academic credits and academic degrees. Credentials are earned on the basis of demonstrated competency to perform those tasks which are considered critical to client needs and

patient care systems. It is no longer a requirement that an individual have a baccalaureate degree or an associate degree or a masters degree to be credentialed by the profession. It is critical and necessary that an individual can demonstrate competencies that have been identified by the profession as critical to a given level of functioning.

We are aware of the risks that are involved in such a stand; we have struggled with the problem, and we will continue to struggle with it. It is not easy to make such a decision which flies in the face of the historical development of professionalism which, by and large, has been determined by the number of academic degrees that can be accrued, and the length of time that it takes one to accrue such degrees. We are aware of the image that may emerge with regard to the profession of occupational therapy now that formal degrees are not critical to determine levels of competency.

We have spent about two years identifying the critical tasks of the occupational therapist and the occupational therapy assistant, so that learning experiences can now be structured around these critical tasks. In addition to the critical tasks, we have identified the performance skills and the knowledge that are essential for a person to perform these tasks at an entry level of competency.

Many of you know that, in conjunction with the Federal Government, we have also been working with a testing corporation to develop a proficiency examination, which, hopefully, will measure the level of competency of observable and attitudinal performance skills that are critical for practice in the profession.

Another interesting project, with which we are marginally involved, is with the University of Illinois which has received a five year grant from the Kellogg Foundation to develop equivalency proficiency examinations in occupational therapy for which academic credit can be given. They expect to have at the end of five years a series of examinations and tests of all types which can be used to measure competency and life experiences and grant credits. I find all of these projects very exciting. It's early and we need to wait and see to what extent they do fulfill some of our rather vague and idealistic hopes.

DR. BURNSIDE: I think the American Occupational Therapy Association should be commended for assuming this role. It puts an interesting light on the role of the educational institution, perhaps in what it would be able to do. It means that a person interested in becoming a certified occupational therapy assistant could do so through a tutoring relationship, attend one of the University Without Walls programs or enroll in the Empire State College program instead of having to attend a registered or approved program.

MS. FIDLER: There are all kinds of problems involved in this approach. For example, we see that the regulations that are promulgated by states and the Federal Government state that an occupational therapist is an individual who graduated from an approved educational program given in an approved educational institution in a program of occupational therapy. This tends to exclude those persons who could enter the profession via another route.

We have begun in the last year and a half to permit certified occupational therapy assistants who can validate the fact that they have accrued a variety of work experiences, to sit for the professional registration examination. But with many of the state statutes and Federal regulations, these persons are not acknowledged as professionals.

DR. BURNSIDE: I take it that there is no performance exam in order to go from the assistant to the professional level, merely a certain number of years of work experience--is it two years that they must work?

MS. FIDLER: A minimum of two years.

DR. BURNSIDE: Then they could have done the same task a hundred times rather than doing a hundred different tasks.

MS. FIDLER: No, because we have a field work performance evaluation instrument which has been validated, and every applicant for registration must receive a passing grade on that performance scale.

DR. BURNSIDE: The performance evaluation scale is done by the employing agency?

MS. FIDLER: By a variety of supervisors. It is never one person, because the requirement is for a wide range of experiential learning. If I work for three or four months in a physical rehabilitation hospital, I will be evaluated and scored there, then I must have a different kind of experience in another area, perhaps working in a school system or a mental health clinic, and be rated again. I must demonstrate that I have had the variety, the breadth of experience that is necessary, and that my performance rating is such that it reaches the cutoff score of acceptance.

DR. McGARVEY: I think that is a very sensible way to go, because it covers all of the problems we have been discussing this morning.

DR. HOFFMAN: My name is Hy Hoffman. I am the Director of the New Careers Program of Empire State College, located in the lower Hudson area. After listening to what Gail Fidler was saying, the questions she was raising about educational programs, and the other questions raised this morning, about the complexities and problems of institutions of higher education, I might leave here and invent Empire State College if it did not already exist. Not that we have all the answers, certainly, but we have moved in the direction of providing associate degree and baccalaureate degree programs based on recognizing that learning occurs in many places, and if it can be documented, we can provide credit.

We are also attempting to interrelate work site and classroom learning so that students, whatever their professional area, can steep themselves in the liberal arts or technical skills, whatever they need to attain a baccalaureate degree.

The State of New York is making an effort to provide the necessary flexible programs that permit students to work on their job, to be a part of a baccalaureate degree program, to take accelerated programs at a reduced cost in money and time, and to meet the required educational objectives.

We have an independent study program where a nucleus of mentors--faculty members who work as curriculum and guidance counselors--instructors, adjunct faculty, tutors, and linkages to other academic institutions, private industry, and social agencies, help determine the needs and interests of individual students. We help a student document the learning and competencies he has achieved through his life and work experiences, and then work out a self-paced program of study that is acceptable to both the college and the student. At the present time, however, Empire State College cannot provide programs for all of the occupations we are talking about this morning. We do provide a baccalaureate degree in the liberal arts. We can provide a baccalaureate degree in allied health, which could have a specialization in occupational therapy or whatever else you would like to have. But we do not provide certification. We are not mandated to do that at the present time.

MS. FIDLER: Are you involved in the area of equivalency examinations in terms of allied health?

DR. HOFFMAN: Equivalency examinations can be a part of our programs. For example, we use the College Level Examinations for Proficiency and whatever experiences the student may have, put it all together in a program of study, and then determine the credit that can be awarded.

DR. GARRET: It seems to me that we have spent a good deal

of time talking about the academic side. This program is attempting to make use of a practical experience and, through the grant, people have been hired. When the grant runs out, what is to become of this program, because this is not a part of the programs of existing academic institutions? We have spent a great deal of time talking about academic subjects this morning and very little on making use of the practical experience of a job, how to translate that into credit, and how to carry this thing on in the future. I think this is the crux of this program.

DR. BUCKNER: My name is Don Buckner. I'm with the Bureau of Health Manpower at the National Institute of Health.

In Washington, I help review the grants that come in, and this is one program that we expect great things of. We consider it a national model, particularly for students who have been out in the world for awhile and are interested in entering the professions.

We are hoping that at the end of the grant period, if the program is worth its salt, institutions in the community will have an obligation to pick it up and keep it going. If the grant is not refunded after three, four or five years, it doesn't mean it's not worthwhile. It's just that we feel that the local community should move on with the venture.

MS. VOGEL: I want to say something about Dr. Garret's last statement which triggered a question in my mind. As I look at what seems to be happening, we may be educating and training people at a two-year level with a great deal of competency in the techniques of occupational therapy and saying that the baccalaureate person is going to be an administrative, supervisory specialist in an interdisciplinary kind of way. We seem to be looking for a great deal of technical expertise developed during this two-year period, and then the preparation for the registered occupational therapist is really a preparation in problem solving, in supervision, in how one becomes an effective team leader, and a whole range of things that are not directly connected with the competencies associated with being an occupational therapist.

Becoming a good occupational therapist may be a function of the field experience. The integrating factors between a liberal arts education and a specialty such as occupational therapy are the skills and knowledge that cut across a whole range of professions and which help a person work with other disciplines. I don't think this is strictly an occupational therapy function, but rather a health science function and a problem solving function that the field and the educational institutions should address.

DR. BURNSIDE: New York now has a program in our Utica and Rome institutions, basically upper division institutions, in Health Care Management. The person who enters with an associate degree in a particular specialty such as x-ray, occupational therapy, dental hygiene, and inhalation therapy, takes a program which focuses on the managerial kinds of functions and knowledge of the entire health delivery system. This seems to be the direction in which we are now going.

MS. FIDLER: That makes me very nervous. One of the things that we assume too frequently is that the person who comes in with some technical training needs to have no further technical expertise in the particular profession.

DR. BURNSIDE: It is built upon the technical expertise at the associate degree level, assuming that the person has become a highly skilled technician and goes on to assume another kind of function.

MS. FIDLER: I think there are valid theories, precepts, and techniques of administering health care which they should learn, but I am concerned about what the individual learns once the technical expertise level has been achieved. The additional learning should be heavily weighted in terms of the theoretical constructs on which the technical aspects of the profession are built. I think it's one of the differences as we conceptualize the two levels.

DR. BURNSIDE: But the only problem is, will the employer pay for that? He will be concerned about the individual's ability to carry out those techniques in a way that is satisfactory for the patient. Will the economics of our present society pay for a person who has greater knowledge of theoretical constructs? Such a person might do research, which then, hopefully, could be fed back to the technician.

MS. FIDLER: I am assuming that decision making and judgment are based on theoretical constructs. If the employer wants people around to make some wise decisions with regard to patient or client care, then the theoretical constructs are necessary.

DR. MASHIKIAN: I am an employer, and I would be loathe to send anybody to a two-year college to develop only technical skills. We can train these people in our facilities in the technical areas, and we don't need additional dimensions. It's wrong for us to look only at current needs.

No technician or competent paraprofessional--I would rather

look upon them as developing professionals--can contribute without the additional environment which is partially a theoretical one, partially a critical thinking one, and which also contains elements of broader liberal arts and sciences in the human services. Every technician or non-technician must be aware at all times of the changing social scene, and he has to integrate this awareness in his technical area.

MS. GREENBERG: My name is Naomi Greenberg. I am head of the occupational therapy program at LaGuardia Community College, and I am also on the Committee of Health Sciences for the City University of New York B.A. program. The CUNY BA Program is a new experience. It can provide a health sciences baccalaureate degree for people like the certified occupational therapy assistants who take the registration exam, become registered occupational therapists but do not have baccalaureate degrees which may be required by employers. They can get a general degree--still being planned--in Health Sciences, which will hopefully open additional doors to them, perhaps in the area of management.

At LaGuardia Community College we chose the associate in science degree, although we knew other options were open to us, because we felt it held status and opened more doors than an associate in applied science degree.

Regarding Dr. Garret's point about integrating occupational therapy with other health career programs, we have tried to incorporate other health careers programs in the facilities and courses we have already scheduled and which we feel could be adaptable to related health occupations, but we have met with resistances from the other professions and from employers who feel on-the-job training for the technical person is sufficient and college is not necessary.

DR. BURNSIDE: I know very little about the area of occupational therapy; however, there seems to be a dichotomy which, on the one hand, emphasizes, the approach to remove or reduce the amount of liberal arts credit required for baccalaureate degrees and, on the other hand, specifies that in order to have a professionally educated person with theoretical concepts and sociological background, you need to have a large number of liberal arts courses.

MR. BURSTEIN: My name is George Burstein, and I am Director of Training at Letchworth Village. I think we are following an old educational model, that is, young people go to school before entering the world of work. Many of the academicians who have spoken here seem to be thinking along these lines.

The design for this occupational therapy program focused on employed people, usually a little older, who have already acquired certain habits of thinking and an ability to discriminate about their needs for liberal arts. The liberal arts

concept is a concept that came out of the four-year colleges, and was designed to help people in our society identify with and prepare for the outside world.

How can we, in this kind of a model, apply the dichotomy of liberal arts and technical education: Gail Fidler put it very well. People learn by doing. They then try to find out what it is that they have learned and what this means to them, and to the patients and clients with whom they are dealing. They don't do this in a separate rehearsal behavior followed up by an activity. They do this simultaneously. They look at their life, and learn and unlearn what they need from it. John Dewey told it to us, and we have been learning it ever since.

When we built this model originally, we decided that there were certain beliefs that an occupational therapist has. We tested it through job analysis. We found that certified occupational therapy assistants and registered occupational therapists all believed in the activities they were engaged in and found them to be useful. We did a scale of this. We then turned around and said, "Let's build a curriculum which will draw on this information but still leave options for people to work in different settings, in interdisciplinary teams, and to develop themselves in the future." So we are really not dealing with the old academic model where you go to school for two years and then go to work.

DR. GARRET: An important question has been ignored today. We have four people, registered occupational therapists, who are acting as preceptors and adjunct faculty in our program. They are helping students translate experiences into education. They are responsible for making this program work, but are these people going to be an extension of the educational institutions or the work situation? We haven't come face to face with these four people.

MR. COHEN: And I am not sure we are ready to face that question yet, Dr. Garret.

MS. LESH: I am Betty Lesh, and I am a social worker in a children's rehabilitation unit in Metropolitan Hospital. I am concerned with the intricacies of working with the patient, determining his needs, and assessing the amount of input that is required to meet those needs, the kind of input where each discipline is dependent upon every other discipline. What I have become convinced of is that there are no problems, even among hard-to-reach, hard-core families, that we can't solve in terms of the knowledge available if we are willing to work together.

Some of our problems in utilizing this approach relate to knowing how to use each other as team members, and gaining access to the needed expertise and consultation. One of the comments that troubled me was that you would build in a supervisory level after two years of technical training, which means a short vertical career line. I wonder if two years of technical experience and two years of administrative-supervisory education is sufficient to deal with some of the very complex problems that we face with the patient. Will such a person have the level of skill to supervise others in the delivery of patient care?

MR. COHEN: Let me take a few minutes to try to sum up what has been said here.

We have covered a good deal of ground this morning, probably more than we should have attempted. But it seems that once you open up one layer, other layers inject themselves into the discussion.

We have had some rather illuminating reports on the field of occupational therapy, where it is, where it is going, what its problems have been, and how it is reorganizing itself into some promising new approaches.

We have had, I think, some healthy emphasis on what the learning process is all about, and the implications for standing the educational process on its head so that we can do it in a more logical way. And we have been reminded about the need to look at some of the basic things, like goals and philosophy, curriculum, etc.

We have had some interesting arguments about the place of liberal arts in applied training, and we seem to have disagreed whether there are or are not institutional resistances within colleges and other institutions.

We have had raised what I consider a very basic attitudinal question of how we preserve these programs. Is this an opening to some new kind of training program for a new type student? Or is it something else?

Clearly, we didn't answer all of the questions, but I suspect that under the circumstances these questions were a little premature. I would think that what we have talked about this morning has given us a basis for the next symposium, one which we can tackle more effectively after we have had further experience with this program.

I want to thank the four panelists for their excellent contributions to our discussion, and those of you on the other side of the table for your contributions.

[The symposium adjourned for luncheon.]

L U N C H E O N S E S S I O N

Remarks: Donald C. Frey, Associate Director for Health Manpower, American Association for Comprehensive Health Planning

MR. FREY: I am a psychologist, basically, and I look at all things from the standpoint of social systems. I am not of the school of Ann Summers, who says that the health system is a non-system. If you don't think there is a system out there, just try to change it.

In any event, the Regional Medical Programs and the Comprehensive Health Planning Act are two initiatives which were attempts to change the system, hopefully for the better. They have not been entirely successful, nor have they been failures. They are currently under review in Congress. There are about nine separate bills for changing these two particular systems because they are up for renewal on June 30th. They have been extended once, and there are problems.

I won't go into the total legislative question on health planning, except to say that we will see some changes. The new legislation is likely to be far more specific in its mandates to both the "A" agencies--the State level health planning agencies--and the "B" agencies--the local area-wide planning agencies. The legislation will more or less tighten up the mandate to the point where it will concentrate almost exclusively on the health services system as opposed to the rather global mandate of the original legislation, which allowed people to go into environment and all kinds of related areas.

That is both good and bad. I am not going to argue the merits of whether it is more important for human health to do something about housing and environment than about access to hospital care, but that is the way the legislation is certainly going to go.

Our association is the voluntary association of all of the health planning agencies, with a few exceptions. Actually, I am an employee of the Bureau of Health Resources Development, since I am under contract to them. Our association is funded to do something about improving the state of the art of health manpower planning, possibly even improving it; my contract mandates that we come up with a program for improving it.

Nationally, the state of the art of health manpower planning is dismal. We only know of 35 full-time health institutions--full-time manpower plants--spread over 400 planning agencies, and yet this is a labor intensive industry, which gives you some indication of the problem.

Unfortunately, I am not an expert in occupational therapy, but I once taught a course to a group of occupational therapists on kite building and flying. I have some credentials in the area of consortiums, and I am glad to be here because the consortium mechanism is one of the only health manpower planning mechanisms that I have any confidence in at all. Therefore, I am quite

interested in seeing how this program works or doesn't work, what are its debates and its problems. The approach of developing linkages among user institutions, educational institutions and others, for joint planning and implementation for manpower programs is one of the few hopeful things I see in terms of improving the state of the art of health manpower planning.

It's a good mechanism. For one thing, it's a human mechanism and it recognizes that there are human variables, as opposed to the "engineering school" of health manpower planning with its precise imposition of many rigid technologies per 100,000 people. We are talking about a human kind of system, which must have variables built into it, and this kind of approach allows for variables.

I'd like to make some observations on the discussion before I get to the things I do want to say. Do we really need so many degrees, registered occupational therapist, certified occupational therapy assistant, associate in arts, bachelor of arts? This may be a kind of a copout contributing to infectious credentialing. Is this the best approach in terms of health manpower planning, in terms of the best interest of the health service industry and the eventual users? Is it the best way of doing things in terms of dollars and time, or should we be looking to some other way?

One answer to this is just do away with the whole darn process altogether and look for some other way of determining:
1) whether people are qualified to do a specific job; or
2) getting them qualified and not worrying about whether they have academic credentials attached at all. That is the problem for health manpower planners, because we are concerned about alternatives, and I think you should be, too.

This is, of course, an awesome responsibility. Is it Dr. Mashikian's responsibility--the employer's responsibility--to make this determination? There are some experiments going on in health systems in terms of institutional credentialing, that is, letting the employer credential his workers as he does in other industries, but it's fraught with trouble, too. The employers often shy away from this responsibility. They have been so brainwashed by the guilds that they abdicate their managerial prerogative to determine what they need in terms of people to do specific jobs. It's about the only industry I know of that does this, but there are some changes in sight.

Dr. McGarvey mentioned Ed Pellegrino (Dr. Edmund Pellegrino) in terms of where occupational therapy ought to be going tomorrow. To quote Dr. Pelligrino, "If you are going to be looking at education for the health field, you shouldn't be looking at it from the standpoint of who is doing what today, but who should be doing it."

Should occupational therapists be doing occupational therapy? Ms. Vogel pointed out that maybe a supervisory function linked to the rest of the system would be more practical. That is an example of a manpower planning consideration in this area.

There was too little questioning of where occupational therapy is going. The problem of education for the health field is to predict what the health care system will be like 20 years from now and where the people you are educating are going to work. I was somewhat struck by the fact that there was very little consideration of where this field is going. You seem to be prisoners of the here and now as to how these people are now operating within the framework of your cooperating institutions.

One of the chief values of the consortium, and its partnership of both users and producers of health manpower, is its ability to anticipate what is coming and make adjustments thereby, or if it can't anticipate, and it can't in all cases, it has the flexibility in its approach so that people can function in a number of changed situations. However, I am concerned about the fact that there didn't seem to be consideration of how this program fits into the overall picture of health manpower, health manpower planning, and the health service industry.

Another thing that struck me was the sense of leisure you all seem to feel, to think that you have time to engage in the kind of Byzantine discussion that went on this morning. People, the barbarians are at the gates! There was a lack of a sense of urgency about this thing. There is a real question of how long the employers of health manpower and the users of health manpower and the people who are pushing them--starting with the administration, the Congress of the United States, the State Legislatures, and so on, all of whom have any number of pressures on them concerning the availability and the accessibility of various kinds of health care--how long are they going to put up with waiting for Hunter's faculty to deliberate, for the American Occupational Therapy Association to debate, for the Civil Service Commission to make changes, for this program to eventually respond, etc.?

You people understand why some of these delays are occurring here, but if you multiply this by the whole bewildering array of health professions, which are not responding to the pushers, you are in a situation where somebody may just decide to cut the Gordian Knot for you.

One suggestion that did come up was the possibility of alliances to get better results. A few people were concerned about the similarities of problems throughout the health professions.

But, if I learned one thing this morning it is that with all the testimony and all debate that I see going on within the system--

the universities, the employers, the association, etc.--we aren't going to make it in time for occupational therapy or any other profession.

There is a temptation to cut through it all to establish totally new standards of delivery. The fact is, it may be here already and we do not need to worry about whether somebody gets a degree or not. Does tinkering with the formal preparation system to make it a little more responsive to the needs of people get us anywhere? Or do we have to start over from scratch?

Dr. McGarvey raised the issue we are talking about here: can we respond before those entities which have the legal responsibility to determine services make the decisions and go ahead without us?

Let's talk about some of the factors which may indicate the time is fairly short here. Dr. Garret mentioned the problem of costs in the health field, and if there is anything that is militating here, it is the concern of all the parties involved in paying the bills for the enormous and growing costs. The growth of the health service industry can be attributed to improved technology, prosperity, the ability to pay even though we are concerned about costs, and the changing characteristics of the population, not just population growth. We are an aging nation, and I think the field of occupational therapy is probably more aware of this than other professions. One of the problems with old people is that they are going to be a very large and growing segment of the population. They are like old machinery--it takes a lot of tinkering to keep them going.

The health care industry in many ways has turned into a chronic care industry. Publicity men keep using that claim, "acute care industry," but it really isn't. We have to think in terms of chronic care, of large segments of the population getting care and of the costs involved, and how we use manpower to save money and still give good service.

We have only made the barest beginning in the innovative use of manpower, the obstacles to progress are many. We heard some this morning. As long as the health field is afflicted with the disease I call SMOTS--"some more of the same" is the way to solve our problems--health care costs are going to continue to rise. A mere multiplication of workers won't settle our problems. We have to work out a whole new equation in health manpower. The kind of program discussed here is a groping in that direction. But will it be done in time?

Another aspect is the budget limitations in education. And this may be a way--it's promising--to overcome some of the problems of educational costs. People are getting turned off by education; not only students, if you look at the enrollment figures, but State legislatures which pay the largest share of

the bills. Contrary to Federal government propaganda, 75% of the costs of education is borne by the State, and unless people begin to show some promising results in solving the problems and keeping costs down, we are going to have trouble. Again, a reason for urgency.

A third reason for urgency is the coming of National Health Insurance. The odds went up on something passing this year, but I would still say it's the next year or the year after for some form of universal health insurance in which anywhere from five to thirty million people will be dumped into the system. Five million is the AMA's figure; thirty million is Senator Kennedy's. You can choose anywhere between, although George Silver of Yale says its fifty million. When that happens, where are we going to get the manpower? How are we going to use it?

This program as a national model, according to Don Buckner, might provide some answers.

Another reason for urgency is that through the HMO legislation, that is, Health Maintenance Organization, there is $375 million up for grabs from the Health Services Administration, to create health maintenance organizations. Essentially, health maintenance organizations or articulated health maintenance care delivery systems are ways of using manpower in different organizational patterns and with different philosophies, that is, in keeping people well rather than treating the ill. We are going to have to retrain people to think in terms of keeping people well. This is going to require a certain amount of planning. Is this occupational therapy model applicable to training occupational therapy personnel for this kind of a function?

Finally, if you don't think there is a need for urgency, there is a time bomb contained in the amendments to the Social Security legislation, the famous HR 1 of two years ago, the Mills' legislation, Public Law 92603. There is a section in it, 1123, which says that by December 31, 1977, the Secretary shall have standards for performance for a whole range of health services. Included as a catchall are therapies--they don't even say occupational therapy, but obviously if they didn't say you are not in there, you are in there. It says the Secretary shall not deny payment under Title 18 and 19 of Medicare and Medicaid for a service merely because this service is delivered by a person who does not have a credential or graduation from an approved institution.

We are going to have universal standards for performance. The questions are how good will those standards be, how much of the kind of concern you expressed this morning about quality of education will be in there, and how fast can the model described here today produce decent results?

I am not so much worried about blurring of functions, nor am I concerned with defending the sacred purity of a given profession. The real question is, does it get the job done for the patient? If you can prove that, and it is difficult to prove, then you won't need to worry.

Someone asked me this morning, "What will become of the health professions?" My feeling is that the health professional organizations then can, for the first time, become professional organizations, that is, dedicated to the improvement of the state of the art rather than defending some kind of a floor, because the floor will be set by someone else.

In looking at the ways things wound up this morning, if a flexible group like the occupational therapists is responding to need and gets this program tied up, what about everybody else? You may be the baby that goes down the drain with the bath water. Certainly, if you don't move on from this program and relate to what is going on in the rest of the health field so that this program becomes part of a larger picture, you will be that baby. Thank you.

MR. FILERMAN: Thanks, Mr. Frey. As if we haven't enough to deal with, we now have to do it in a hurry. You stimulated our thinking, and I think you added an important dimension. Are there questions you would like to ask of Don Frey? Are there some things you would like to respond to?

MS. BLOOM: I am Janet Bloom. I know I should probably be quiet, but I think that one of the things that he said hit me as a student. You may be in a hurry and think we need to rush it, but as students we are in the middle, and we don't know where we are going. We don't know when we are going to Hunter or what courses we have to take. We go semester by semester. We feel the same way you do. We would like to get it over with.

MS. VOGEL: One thing I am sure Dr. Frey has overlooked. We keep saying we ought to throw out the credentials because maybe they aren't needed. But let's look at it in another way. The problem is that maybe we ought to start with some upper middle-class Yale students and throw out the credentials for them, but for these folks who have been trying very hard to find a way into the accredited system for so long, they are not ready to give up the credentials that all the Yale graduates have.

MR. FREY: Of course I did not say we should throw them out. I just said that there are people who are considering alternatives, and I would agree that as long as we have this kind of a system, where this union card is an essential in many cases,

then we have got to find a way for people to get it such as external degrees, etc. As long as we are stuck with the system and can't inaugurate the kind of sweeping reforms that are called for in such documents as the Newman Report on Higher Education to the Secretary of HEW, yes, we need credentials. My point is, however, that in terms of the conventional system that we now have, making changes in it, and opening it up, we don't have all that much time before someone just says, "We will set the standards for you," whether those standards are any good or not. I think there is a real possibility that this may happen.

I am not saying it is the best way. I am certainly saying that some form of transition needs to take place rapidly. There are tremendous pressures out there in terms of the need for health services, and you have to make this kind of approach as logical as possible, as defensible as possible, and certainly as open as possible.

A F T E R N O O N S E S S I O N

Afternoon Panel: Issues in Employment

Panel Chairman: Dr. Sumner Rosen

Participants: Dr. Seymour Eskow
John Lagatt
Dr. Hyman Pleasure
Dr. Philip Wexler

MR. FILERMAN: I would like to introduce Dr. Sumner Rosen, the Panel Chairman for the afternoon, a gentleman I have known for some time, who is one of the gentlest provocateurs I know. He has been in the manpower field for some time, and has had an important role in trade union education.

DR. ROSEN: I want to take a few minutes to set the stage for some of the concerns I have. I am here partly because I want to help develop this program and move the discussion, but I am also here to express some views, some problems and put them on the table because I think they need to be there.

I would describe myself as a man who often sees eye to eye with Don Frey. However, I disagree, reluctantly, with his view that the time bomb or the fuse is that short. My own view is that the Kennedy withdrawal from the original Kennedy bill suggests that we are going to have a kind of health insurance arrangement in the next year or two which leaves institutional relationships fairly comfortable for those who have been comfortable in the past.

I think there is less leverage for change today than there was a month ago. I say that reluctantly, because I have felt as he has felt, that the time bomb was ticking away and has been ticking away largely unrecognized by most of the dominant groups and personalities in the health system. But I am afraid that they have demonstrated once again that their resiliency and their powers of resistance to the forces of change in persuading Senator Kennedy and his allies to retreat from what was a somewhat modest, but significant advance in the direction of a more rational, more responsive, and more accountable health delivery system.

Some of the concerns I have about the topics this afternoon

grow out of my own experience, and I think that the problems we are addressing this afternoon are important and serious ones. The questions I have might be summarized in this way:

First, to what extent do we assume in programs of this kind that the beneficiaries are students, trainees, recruits, new careerists, or whatever phrases we use? Traditionally, the assumption has been that they are the beneficiaries of enlightened programs which we provide for them. "We" meaning the assembled institutions, professional organizations, and so on. In fact, the principal beneficiaries will be and need to be the institutions, the clients and the community served. I wanted to raise this question because the responses to the other questions are derived in large part from how you answer this first question. Who benefits from such programs?

The second concern I have is the dilemma I see from my own experience. I have been involved in several programs which I think have been important, have been useful, and have been worth the expenditure of time, effort and funds that went into them. My trouble is that many such programs, and I think others here are in the same boat, are welcome and accepted as long as they are defined as experimental and demonstration programs. When the time comes to translate, to move from the pilot phase of the project into its institutionalization, into the acceptance of the underlying concepts as a regular part of the on-going long-run reality of institutional life, that's when real difficulties begin.

We are very tolerant of experimental, innovative programs as long as they remain experimental, and as long as they are funded from special experimental funds. When the time comes to put city, state, county, local government funds into lines for new careerists, that is when the struggle assumes a different character, and that is when the moment of truth arrives. That moment of truth is still before us on most innovative programs, whether you talk about them from the pcint of view of innovations in manpower development or innovations and changes in the delivery of health services. I call your attention to the powerless and marginal state of the Office of Economic Opportunity Health Centers that were funded and developed with such fanfare and such lavish support in the heyday of the anti-poverty programs. Most of those centers go nowhere in terms of long-run institutional impact.

The third question I have is the question of looking at problems from the long run and short run. Most of us are not around to take the credit, the blame, or the benefit from the long run payoff of a short run decision. The people who have to make these hard decisions are held accountable for their short run impact. As an example, the decision to release employees for training is a short run imposition of costs on an institution. The costs are real, they are tangible, they are immediate. The benefits are speculative, uncertain, and will emerge only after a long period of time.

That scale tends to be weighted in favor of the costs and the difficulties at the expense of whatever the long term gains and benefits may be.

Finally, we faced similar problems in a Mental Health Worker Training program. There were agreements that mental health workers ought to be deployed in mental health institutions, and that they have a significant contribution to make. There was much less agreement, once they were trained and had developed their skills, that they ought to be promoted to become supervisors of other mental health workers. Professionals in the field took the view that mental health workers were okay in their place, but that supervision, management of their work, and evaluation of their performance were tasks to be reserved for the credentialed professionals. That struggle has not yet been fully resolved.

The fact that we have difficulty seems to indicate that we have a lot of "consciousness-raising" to do amongst ourselves in terms of coming to full acceptance and full agreement with the principles and premises on which a program of this kind is built.

I am now going to turn the floor over to the four panelists, and I think we would like to hear from all of them in fairly brief format before we open it for discussion. Our first panelist is Dr. Seymour Eskow, President of Rockland Community College.

DR. ESKOW: I was fascinated by this morning's discussion, and bewildered a bit by Mr. Frey's feelings that the discussion was Byzantine and without a sense of urgency. I thought we were overly impressed with immediate social urgency, overresponsive, and we had a tendency to come up with solutions before we sorted out and formulated the problems. However, this morning's discussion was useful because it began to suggest what the real agenda and the real constraints and urgencies were. I will go back in time and address myself to the second question on this morning's panel: How do you integrate in a work study model, classroom education, supervised field work and employment?

We began with a somewhat faulty diagnosis. We suggested that somewhere between the two systems of education and treatment services there were resistances and tensions, and problems in the attitudes of the practitioners. As the discussion evolved, it seemed clear that what we were talking about was systemic or structural rather than attitudinal.

You have, on the one hand, the service agency located in its building on its turf with its responsibilities and rhythms, and several miles away you have the colleges that have modularized the day with fifty-minute hours, a credit system, and a nine-month year. The problem that was diagnosed as lack of

flexibility was really a problem of how you relate--in a coherent structure of sharing and service--two different ways of doing business.

The nursing profession, for example, taught us in academia one way of solving it. We divide the five-day week into two modules, Monday, Wednesday and Friday within the academic institution, and Tuesday and Thursday within the clinical agency.

I also heard other possibilities for the future, for example, the external degree model suggests that we divorce credentialing from structure, and make credentialing a separate evaluation process which includes college learning and job competencies. We can then evaluate competence wherever it is generated and developed, whether it's in the agency or in other life experiences. So one model of alternative procedure is the external examination.

The Empire State College seems to be a revival of an old medieval mode with a tutor or mentor as the integrating device. The student who was interested in demonstrating competence would report to his tutor or mentor who would design a program that might include work, independent study, or formal study in an academic institution, and the tutor-mentor would eventually be the awarder of the credential.

I would like to propose what I think is a slightly brilliant and non-controversial solution to the second question. Let me see if I can evoke your agreement or disagreement. I would like to propose that we use another medieval model, known as the collegium. The collegium was a guild of practitioners organized around an occupation, which was responsible for the perpetuation of its craft, so that it combined service and education in the work setting. It is different from the apprenticeship model. Specifically, what I propose is this:

We bring the academic and employing agencies together by creating an experimental model, a centralized college of allied health, which would be agency-based. All instruction would take place in the agency environment, on the notion that it is easier to move one English teacher or one psychology teacher into the work setting that it is to move 30 people out of the agency setting into the college setting.

The collegium model would attempt to meet the question of how do we bring together work, education, and experience by doing it all within the framework of the agency rather than within the framework of the school, by creating a new kind of program and a new kind of faculty that would include practitioners and teachers, using as a central modality the work routines of the service agency.

DR. ROSEN: Our next speaker is John Lagatt, Assistant

Commissioner for Manpower and Employee Relations in the New York State Mental Hygiene Department.

MR. LAGATT: I have been reflecting on how I had planned to spend a very pleasant and easy day, and I must confess that what I saw and heard this morning challenged me. What I heard from Don Frey certainly has to be upsetting for those of us who have responsibility for working on the development of important manpower programs in the health services field.

Sumner Rosen asked me to address myself to the general question of how innovative training programs in this field can be accommodated in the merit system, and this morning I heard some things that I would like to touch on before I get into this general topic.

Reference was made to the occupational therapy career ladder and to the strictures placed by the merit system on gaining entry to the ladder and moving up within the ladder. I would like to correct one statement that was made with respect to entry, and reassure you that we have not made a sudden change in the occupational therapy career ladder in that we do not bar admission to the ladder at the upper levels. There is entry to the ladder at grade 14, grade 15, and I believe at grade 17. This aspect of opening a career path at various steps in it is probably one of the most exciting features of the career ladder and one that is very, very difficult to promote with the Civil Service Department and with other interested groups.

It seems to me that the merit system tends to support rather than militate against the development of programs of this kind.

Several years ago George Burstein and I talked about the possibility of this kind of project, and at the time it seemed like a direction we should take because it promised a way in which a needed occupation could be staffed. I heard a little bit about how much has been done since last September when the program got under way. My feeling was one of disappointment that we weren't farther along with the program, that there weren't more people involved, and that it did not have a broader base. I don't think you can attribute that to the restrictions or strictures of a merit system. Programs such as this have to be done in order to deliver better services to the clients that critically need them. Programs such as this have to be started and have to be carried through. The differences of opinion, the differences of approach, and even the hidden agenda items between the academic community and the service community have to be placed in proper perspective. They have to be dealt with and solved so that the real work can get on.

DR. ROSEN: Our next panelist is Dr. Hyman Pleasure, Director of Rockland State Hospital.

DR. PLEASURE: Let me say a few words about the first question: How much released time for education is reasonable to expect the employing institution to grant....? I was once trapped into giving an off-the-top-of-my-head answer to that first question. When I was the State Deputy Commissioner for Local Services, I gave an answer to that question in the form of percentages to the Commissioner of Mental Health in New York City, and I was pretty sorry for it later.

It is a very complicated question, and it depends on what you want to accomplish with your educational program. If you are satisfied with where your institution is and where it's going, and all you want to do is sharpen up the skills of the staff, you may be less interested in an extensive educational program. If, on the other hand, you feel that the organization you are working in has to change then we should be prepared to sacrifice a lot for education. To my mind, education has a great deal more to it than sharpening up skills, getting degrees, moving up in a career ladder, and getting higher level civil service positions at higher salaries.

To me, education means a remodernization of the people involved, a new enthusiasm and a better understanding of where we are going, and what we hope to do throughout our particular professional programs.

I would like to give a little background on what I see as the direction in which the mental health system of this State and of states in general are going.

I think I am in a pretty good position to make some guesses because I have worked in mental hospitals and I have been a Hospital Director for quite a few years. For five years I was Deputy Commissioner for Local Services in Albany and had a good deal to do with some of the legislation relating to unified services. I was pushing it when I was in Albany, and now that I am a Hospital Director I have sometimes been a bit sorry.

But, to go back a minute and give you a very brief thumbnail sketch of how we came to be in the position we are in, and what I see as the direction toward which we are going. The State Hospital, as a social organization or a social institution, came into being about 140 years ago in response to a tremendous need in the community. There were no places for the mentally ill to get treatment. They were placed in prisons if they were disturbed, or in private homes if they were quiet. They were rented out as laborers, etc.

The first mental hospitals, in general, were very fine places. They did very good work; they helped a lot of people get well. The system that they used, which they described as moral treatment, was to preserve the patient's dignity and respect. They tried to find some way he could be doing something interesting and productive during the day, and where he would have "asylum" away from the cause of his breakdown at night. Results, apparently, were very good.

With the passing years, as the institutions got larger and larger, their quality deteriorated. The medical and psychiatric professions are partly responsible for that deterioration because they became pessimistic about the possibilities of improvement and cures. The politicians and the taxpayers are also partly responsible because they refused to finance the institutions adequately.

One of the reasons for poor support was the tremendous immigration to this country with many immigrants requiring treatment in hospitals. The taxpayers were loathe to support these "ignorant foreigners" who couldn't speak English.

There were many other reasons why these institutions deteriorated, but there came a time when the President of the American Psychiatric Association could stand up and say we had to liquidate the State Hospitals. The Federal Government, in 1963, under the urging of Presidents Kennedy and Johnson, passed the Community Mental Health Act which established mental health centers whose purpose was specifically to do away with State Hospitals. In some States, such as California, it was followed implicitly and up until December, 1973, California had done away with most of its State Hospitals. In December, 1973, Governor Reagan had to admit that he had been precipitous and said they had to preserve the mental hospitals; they had been performing a useful function. In the latest issue of the Mental Health News, published by the American Psychiatric Association, it was announced that Massachusetts was doing away with all its State Hospitals.

In New York we have never entertained the notion that we could afford to do away with the State Hospitals, but we agreed with the principle that the State Hospitals were sick institutions and had to be changed. This position came about through the improvement in psychiatric treatment, and the evaluative studies which pointed out that patients who stayed in State Hospitals were damaged, developed social breakdown syndromes, and could not get well enough to leave the hospitals. They were sick from being involved in an institution of this type.

Today, in this State, we have decided to unify the Mental Health Center and the State Hospital and try to develop a new, better kind of organization for mental health. We have the Unified Services Act, which, as you know, takes effect on January 1, 1975,

for a few counties that have elected to go into it. In this area Westchester, Rockland, and Orange Counties have elected to do so.

As far as what I see coming in the future, I believe most of the State Hospitals will be extremely small. The figures we have vary widely. For example, the English, in their National Health Service, have decided that half a bed per one thousand people would take care of the mental illness problem in England. Using this formula here would mean that Rockland State Hospital, which serves about 730,000 people in Westchester and Rockland Counties, would need only 350 beds. At present, we have 2,500 beds, just three years ago we had 4,300 beds, and about twenty years ago, we had 8,000 beds, when the population of this State was smaller.

Some people have suggested that in about five or ten years we should have about 70 beds per million population. It's important that you understand that this would mean that the State Hospital either will disappear or will be converted into something different, something new.

My mission as Director of the hospital is to preside over an organization that is changing very quickly. The only work we used to do in a State Hospital was to stay behind our walls, receive people sent to us for treatment, and then discharge them back into the community having relatively little involvement with what happened to them at that point. We are now converting this organization, this social institution, into something very different, an organization which has many functions, not only in in-patient care, but also out-patient services, partial hospitalization, sheltered workshops, consultation, education, and rehabilitation. As I list these functions, you can see that occupational therapy plays a very important role in many of these. But it's a very different kind of occupational therapy than we have been accustomed to seeing in the State Hospital.

On the question of how much released time for education is reasonable to expect the employing institution to grant, I look upon my giving release time with pay to any professional or paraprofessional individual or group as a sacrifice on my part, a sacrifice of service which I think I owe to the community and the patient. I am only prepared to offer that sacrifice if I get back from education, therapists who have a better understanding of the mental health needs of the people we are serving. That doesn't mean just better skills and higher professional degrees. It means an enthusiasm about the possibilities of what occupational therapy can do to help people, a better understanding of the psychological needs of people in hospitals, in the community, in nursing homes, in sheltered homes, group homes, in sheltered workshops, etc. I would be prepared to make an extensive sacrifice if we can get that from our educational program.

DR. ROSEN: Our final panelist is Dr. Philip Wexler, Assistant Commissioner of the Bureau of Education and Training in the Department of Mental Hygiene.

DR. WEXLER: While listening to the discussion this morning, I was thinking that no one of us is ever completely prepared for the job we have now, whether it's as an occupational therapist, an administrator, or whatever. And no academic preparation seems to ready us for what we have to do.

When a bureaucrat cannot solve a problem, he reorganizes the situation. This sometimes makes it appear, through the action that is taken, that something really is happening. But we don't do that all the time. There are other things that can be done. You can fall back on or retreat to history and talk about how things were and how they have changed. Of course, you can always point to your accomplishments which makes you feel good until somebody like Don Frey comes along and stirs you to thinking that maybe you really haven't accomplished very much at all.

I couldn't help thinking--I am retreating into history now--that we should look back and see how these things came about, and maybe the overriding consideration, again, is something that Hy Pleasure just pointed to. It's an old cliche, change. It's the one thing we are sure of.

He described patterns of services that are changing. Even as those of you who are in this program look back to the short time you have been involved, you can see changes, and if you look ahead, many forces are constantly at work changing the role you have to play now and in the future.

In 1965, the Department of Mental Hygiene, with 45,000 employees, had a personnel office with only four to six people. A reorganization took place.

In that reorganization, an effort was made to call attention to growing manpower needs and what to do about these needs. That effort took the form of many different kinds of activities. One was the establishment of career ladder programs. Jack Lagatt was involved in some of that, so was Hy Pleasure. It was no easy matter. It took a great deal of persuasion, shaping and reshaping of civil service attitudes and new legislation to make possible what we can now look upon as a very worthwhile achievement, with all its flaws and problems. It was a very important step forward, but it was also a step that brought us many of today's problems which we are not able to solve at the moment.

In the work that went into the establishment of career ladders, it very quickly became apparent that career opportunities were of no great value if, along with those opportunities, there

was not also an investment in dollars and effort to provide opportunities for employees to get the necessary training, whether academic or on-the-job, to take advantage of the career ladder programs.

For a couple of years we tried to amend the mental hygiene law to make possible granting of educational leave with pay to employees of the Department so they could take advantage of career ladder opportunities. Having been involved in that attempt over a period of time, I can tell you first hand what happened. For several years our request was rejected because people who are concerned with money, people on the State Assembly Ways and Means Committee, and the State Senate Finance Committee raised the question of dollars. How much would it cost to grant education leave with pay? It could cost an astronomical amount, or it could cost a very small amount, depending on how you implemented it. For a couple of years, that question was asked and not answered satisfactorily, at least, not to the satisfaction of the Legislature which was considering the question. But, the third time around, in 1966, without very much questioning, and to our great surprise, there were no more obstacles in the way, and the mental hygiene law was amended.

One paragraph was inserted, and that set us off on our way to opportunity, and to a great many problems. It said that the Commissioner of Mental Hygiene may grant to any employee educational leave with pay, in full or in part, for educational training which would better the performance of his duties.

We established guidelines in a hurry, and soon hundreds of Department of Mental Hygiene employees were going to school. I remember a phone call from a staff member of the Division of the Budget, who said, "I understand that you have several hundred attendants who are now going to schools of nursing." I said, "Yes, that is correct."

He said, "That was not the intention of this program; we thought it would be used as a way of providing short-term refresher training for your employees."

In any case, they didn't interfere, and we built up a program to the point where at any given time 1,400 to 1,500 employees of the Department were on educational leave with pay. They were involved in all kinds of training.

I mentioned earlier that you can point to accomplishments. That is one thing we can do. Of the attendants going to schools of nursing, some three or four hundred, perhaps more, are now nurses. Once they were attendants in dead-end jobs. There are many other illustrations of success we can point to.

We also had our setbacks along the way; they came with tough financial years, and the program was cut back. We now have probably five or six hundred employees on leave at any

given time. Many of them are on partial leave.

We built into the original guidelines one overriding consideration, the one that Dr. Pleasure referred to. He has the responsibility, as Director of a hospital, to maintain the highest possible level of services to the patients in that hospital. Educational leave with pay is not an employee right. It's not really a benefit. It's not something that accrues automatically just for the asking, although at one point in this period it seemed as though that was what was happening. Those were times of relative affluence. We didn't have the fiscal problems, the tight budgetary situation that we have now. But, in all of this, our achievements have been quite remarkable when we look back at them.

I think, too, that another, perhaps more important, factor was present. For the first time the Department of Mental Hygiene adopted a positive attitude toward education and training. Although the most important consideration was to improve employees' proficiency in providing services to the mentally disturbed in the State, the whole concept of career development, of the importance of providing career opportunities to employees, was also firmly established.

There has been a great deal of growth. We now have 55,000 employees. In spite of the fact that you hear about the possibility of hospitals closing down, the real working staff of the Department has grown, and as services change, as the patterns of services change, we can see functions beginning to change. Looking ahead, we can see, as Dr. Pleasure noted, a redeployment of staff under Unified Services. We will have a mechanism that will make this workable.

I mentioned the career development attitude which I hope we can retain within the Department. There have been some threats in times of economy moves to eliminate the things that are most easily eliminated; critics say that eliminating educational opportunities does not take services away from patients, but I am sure everyone here realizes how shortsighted that attitude is.

We made a real commitment in 1965, and we have tried to stay with it.

We also made a commitment to get away from something that I think many State agencies have been guilty of in the past, and that is complaining about the kind of preparation colleges and universities provide, by passively accepting it, not trying to intervene actively, not trying to plan jointly with those who are responsible for educational programs, not trying to participate, but simply complaining and doing nothing about it.

We have tried to be much more active, to participate actively, and I think we have succeeded. I think the fact that this Consortium has developed is an example of it, imperfect as it is, and I think it's the most promising thing that is happening around the State.

I think, too, of other obstacles that stand in the way, some of which were discussed this morning. I suppose one obstacle is the arrogance of both the employing agency and the educational institution with each insisting that it knows what the student needs. Neither the agency nor the educational institution know fully what is needed; partnership is, I think, essential.

There is also the obstacle of the professional organization. Probably the greatest obstacle to the development of career ladder programs and to the movement of those at the botom to the higher rungs of the ladder is the professional organization. Under the guise of promoting higher standards for the professions, these organizations insure higher salary schedules by making entry and advancement in career ladder programs prohibitively costly.

These are some of the overviews, some historical, some organizational, some pointing to the difficulty and inability of answering some of the questions raised here. Yet we have also considered the mechanics of developing a system which will do all of the things we have been talking about, which will do them well, and which can adapt to change, be flexible, and develop those characteristics we think are desirable and essential, all ideally taking place in an atmosphere of joint planning and cooperation.

DR. ROSEN: Thank you. What I heard from each of the four speakers was a commitment to achieving the goals of the program, and to realizing its solution. You may want to flesh that out, to test it, to make it very concrete in terms of the resources available here. For the time remaining, the floor is open.

MR. LESH: I would like the panel to respond to a combined proposal for questions one and two. Would it be possible to replace employees who are on educational leave or released time with interns from the college? Thus, regular college students would be provided with work experience at the work site while providing some kind of job coverage. Can the college do this? Will the employers accept it? Will the State recognize this kind of thing for promotion?

DR. ESKOW: I hope this is responsive. What I would like to see is for us to move into the agencies, create cluster colleges within the agency environment, and have two or three levels of students all studying within the agency. The first level would be the people currently employed. The second level would be people from the surrounding community who might be interested in those same occupations. The third level would be students from the main college campus who are interested in educational programs housed within service agencies.

In other words, I would like to see the college program and all of its offerings, including work-study and internship opportunities, open to the community and available and housed in the agency. I think that is compatible with your notion. We would no longer be able to make the distinction between the students in the agency and the students on campus.

DR. PLEASURE: Rockland State Hospital has traditionally been very welcome to students, and long before I came there, the Occupational Therapy Department, for one, had many students coming in for practical experience. For example, we have residents in hospital management, residents in administration, and medical students from New York Medical College. We would be very cordial to the idea of continuing this. The problem, of course, is providing supervision and training. That is an important responsibility of the service institution when it accepts this kind of program. It is a commitment in time, but I think it is very worthwhile, and I would be very cordial toward it.

MR. LAGATT: There is a practical problem here that we have never solved. Phil Wexler alluded to it earlier in describing the educational leave provisions of the mental hygiene law. One of the things that has always made it difficult for the Department of Mental Hygiene to derive full potential from this change in the law was the fact that there never was money to fund the replacement of the individual who was engaging in educational activities, and we have not seen any prospect of that changing.

I was mildly amused when I heard Hy Pleasure talking about his willingness to make sacrifices. But the unions are quick to bring to our attention that the real sacrifice is made by the employee who is left at the work site because he has to do his own job plus the work that would have been done by the worker in school. We have not found a good solution to this problem.

Money is an answer. The interns that you speak of, if out of the goodness of their hearts will come in and work, might be a wonderful approach, but I have not seen that much altruism lately.

DR. WEXLER: I think I can speak freely for the Department of Mental Hygiene in saying that we would welcome and try in every way to promote the kind of arrangement that Dr. Eskow refers to. We are already trying in various ways to do the same thing at other locations around the State. The real problem is that this mechanism of granting educational leave gets in our way, but I think we can overcome it. There are ways to get around it, but they are not easy.

The fact that we cannot replace someone on educational leave with pay is really a major control built into the program to limit wholesale departure and depletion of staff. I am not saying it would have happened, but it nearly happened in some places where very generous administrators wanted to give everybody an opportunity to go back to school. Of course, a few years ago we didn't have the pleasure of budget ceilings. There were always enough vacant positions around so that you could recruit other staff to take the place, not in the same job lines, but to take the place of those who went off to school, then things were not so bad.

Another hospital south of here became very frustrated with its affiliation with a nearby community college because of scheduling and instructional problems, and so tried to find out how it could grant its own degrees. Well, they didn't succeed because it didn't make sense; nor could support be found for it. The Department is not set up to be an educational institution. It would duplicate the responsibility and the role of colleges and universities which have this mandate.

At this particular hospital last fall, I discovered that there were 29 classes on the grounds of the hospital, 29 different classes meeting regularly. There was some criticism of the hospital administration about where the staff were when they should have been taking care of the needs of patients. They were in class. What I am trying to point to is the problem that can occur in a situation that requires an imbalance in favor of adequate services to patients.

One mechanism that may be used is that of granting partial leave with partial pay and using the other half or the other portion of that position to provide support for students. This has been done, can be done, and probably, at the moment, is the only way we have to get around the money problems.

DR. ROSEN: It seems that several of the responses tend to accept the dichotomy that Dr. Eskow was seeking to bridge in the model he proposed.

MR. LESH: The replacement by regular students would be

part of their educational program and as such, they would not necessarily have to be paid. Or, by moving some joint funding into this approach perhaps we could generate enough funds to provide the necessary processes of training, education and service.

MR. WOLFE: I am Richard Wolfe. I am the head of The Recreation Department at Rockland Children's Psychiatric Hospital. Dr. Eskow said that he was interest in and concerned about having satellite centers. A point that has to be recognized by the educational institution is that there has to be an equality in terms of responsibility. You can't ask the institutions and their staffs to do the training without the educational institution absorbing some of the cost involved.

We take students from Penn State, from Courtlandt, from Rockland Community College. It costs my staff time. My staff is probably better trained to deliver the educational service to your students because they are clinicians than your staff is. As yet, the educational institutions do not reciprocate. Penn State and Courtlandt have some agreement with us. The City University of New York has had problems. We get some reciprocation in terms of the work of the students. I suggest that maybe this is not enough. Maybe we need to go a little further than that, and I think the example by Mr. Lesh is a good example. We can provide students to the colleges in terms of people on educational leave and, in turn, we can take interns from the colleges. But there has to be a financial mutuality of responsibility there, and I don't see it within the system.

DR. ROSEN: In other words, can the Consortium become a truly genuine enterprise?

MS. VOGEL: We are involved at LaGuardia Community College with the problem that Sy Lesh raised, in that we are trying to place college interns in the institutions from which we are drawing paraprofessional students. There are a number of interesting possibilities and a number of very serious problems.

We are a work-study college. In all the divisions of our college, students get placed on paid work assignment. The proposal that I hear from Sy, and maybe he didn't mean it that way, is if you are in a human services program you get placed on an unpaid work assignment in order to provide free labor to replace the paraprofessional who is getting paid released time to go to school. The problem is that we have students who can't afford to provide that kind of free labor. So we have been looking for ways of paying our student interns and we have had some success, I am pleased to say, with the Department of Mental Hygiene in getting some paid internships.

We have been looking for other sources of funds for these internships, and as far as I have been able to find out, the State Education Department is not the right place to look for stipends. Lots of money for lots of things, but not for student stipends. There are other ways of getting money for student stipends but these include many complications. We must get all kinds of guarantees from employing institutions that there would be jobs for the interns at the end of the line. This limits the training because it means we are going to be saturating a few employing institutions with the first or second class of students. I don't want to go into all the details. It can be done. It's a very interesting proposal. It would take a whole seminar, which I hope we will have one of these days, to get into the ramification of making it work, and one of the strongest supporters of making it work is Phil Wexler, who is sitting here.

MS. SMIRNI: I am Beverly Smirni, Executive Director of the New York New Careerist Association. After the program, after the students graduate, Dr. Wexler, where is the career ladder for them? In the hospitals they are now working in? Is the career ladder that you spoke about really for them?

DR. WEXLER: You are touching on one of the very specific problems. I will turn to Jack Lagatt who has the career ladder in front of him.

MR. LAGATT: I am really quite distressed and disturbed by a lot of the things I heard here today, and the discussion about credentialing is part of my present problem because the career ladder features credentialing heavily, and the thing about it is that no special consideration is given to project graduates, no adjustment has been made in the career ladder to accommodate a project graduate who doesn't have the credentials that are specified for everyone else. Does this go to your point?

MS. SMIRNI: I think it goes to the concerns of some of the students here.

DR. ROSEN: Before we go any further, I referred in the remarks I made at the beginning to the mental health workers' program in New York City. One of the struggles that that program had to confront was the efforts by the New York State Psychological Association to require baccalaureate degrees, to follow the traditional credentialing route, whereas the mental health program was strongly biased in favor of accrediting experience and training.

The question is whether a similar scenario is about to take

place in occupational therapy, one which would impose a new barrier for non-credentialed therapists and so structure the program that it would be required to follow the traditional credentialing route rather than following a course of training and education based on a task analysis which reflects the needs of institutions.

MS. PULLMAN: I am Elizabeth Pullman, chief of occupational therapy at Rockland State Hospital. In terms of using replacements for employees when they are in school, as Dr. Pleasure said, Rockland State has always been a teaching hospital. However, I agree with Mr. Lagatt that this puts some strain on the professionals who have to carry out the clinical teaching. But the patients are also benefiting from the students, and what they bring into the institution in terms of their wanting to learn and their freshness. At the moment, with our four students that are in this Consortium, we are well balanced in a give and take relationship.

MS. PRESSLER: I am Stephanie Pressler, Educational Coordinator for this program at the Hunter College Institute of Health Sciences. I am unclear as to your remark about credentialing being a block for our graduates, because the way we are established now, it will not be the block. Maybe there is no Civil Service item for them to move into, but the profession has not set up a system that will prevent them from getting the credential.

MR. LAGATT: Good.

MS. PRESSLER: But in response to your statement, yes, quite independent of our project, the occupational therapy association in New York State, in response to licensing bills of other professions, has decided to move for State licensure, and the bill is either in committee or on the floor.

DR. ROSEN: What is your view of that?

MS. PRESSLER: I do not want to see my profession under the control of another profession or of a group of people that I don't think ought to be controlling it. For example, I don't want psychologists ordering occupational therapists, which is what almost happened to us last year. I don't want to see that bachelor's degree again made the entry level criteria for the professional. That is moving backwards.

DR. MASHIKIAN: I think Dr. Eskow's suggestion was really

brilliant and not controversial. One is talking here in terms of leadership. This is an area which we touched upon early today, and then we snuck over it.

There are two other areas that we should keep in mind when we are engaged in a manpower educational training program. If we inject the issue of economics, namely, higher salaries and so on, probably many such programs would fail from its inception. Individuals doing a job, getting more skills and competence, may be satisfied in doing the same job at the same pay. We are hoping, however, that in the process the individual will not end at the level, say, of certified occupational therapy assistant, but will go on for three or four years and become registered occupational therapists. In our system there will be jobs for them at higher pay.

I think these two trends are essential to keep in mind if we are going to adapt to the changing scene. To make commitments at this point that in five or ten years a given profession is going to work one way or another is really a mistake.

All the evidence points to the interdisciplinary team as the future mode and not only in the mental hygiene system. We should not worry too much about the short-range, task-oriented problems. Graduates of this program will be hired and their preparation and rewards will be in line with the changing scene. For that reason, I welcome Dr. Eskow's suggestion which will answer, possibly, Sy Lesh's question.

MR. DUNN: I am Jack Dunn with the National Committee on Employment of Youth.

To return to the point that Stephanie Pressler just voiced, and which Pat Elston of Nassau County mentioned earlier to me, this whole idea of a move by occupational therapists to follow the usual route and get themselves state licenses rather than being accredited nationally may lead to trouble. Up until four years ago, the New York State licensing board for physical therapists was composed solely of physicians. Now they have one physical therapist on the board.

MS. PRESSLER: That doesn't happen to be the way the occupational therapy bill is written, and that isn't the implication of the bill for a project like ours.

MS. SVENSSON: I am Viola Svensson, Chief Occupational Therapist at Helen Hayes Hospital. I would like to go back to Dr. Eskow's idea of teaching at the work site, centering all the education there, and then go on to the career ladder. The drain

and demands on the work site staff to provide education are great, but at present there is no recognition for these staff people who are conducting the educational program. I wonder why in the career ladder of occupational therapy or of any other profession this is not recognized, since each institution is really a teaching institution.

In terms of a career ladder, we cannot have a true career ladder unless there are enough open job lines to encourage the flow upwards. Of course, not everyone would be on the top, so that you have a department of all chiefs and no Indians, but a career ladder is a dangerous thing to have if a person cannot utilize it. Our students who are now in training, if they are not able to go up the career ladder as State employees, are, in effect, no longer in a career ladder. There must be opportunities to use the career ladder through this kind of program or for any regular employee who can demonstrate competency. There must also be opportunities in the career ladder for the staff which does the training.

MR. SIMPSON: I am Bob Simpson. I am a student in this program.

As students, we go through the educational process and we end up after two years at the certified occupational therapy assistant level. How is Civil Service going to reward us? Presently, there is nothing in the system to recognize that we have completed such a program and attained a credential.

DR. BURNSIDE: What sort of rewards would you like?

MR. SIMPSON: Grade 14. We have had the education and the experience for it, for this item, and why isn't it forthcoming?

MR. LAGATT: Right now there is nothing that stands in the way of your moving up in the career ladder, but the point that you are making, I believe, is that there is nothing in the project that gives you a license to move ahead faster than somebody that is not in the project. The project started in September, and really, I don't think that we have had an opportunity to sit down and look at the direction this is going to take. So that it's something that we are going to have to take into account, and we are going to have to measure what effect it is going to have.

I heard Mrs. Fidler talking about the direction taken by the professional association. I think that this is important for us to know; it's important for us to measure the impact of what we have set forth already; and determine the steps that

must be taken and the hurdles that must be passed to be able to move in the ladder.

DR. WEXLER: Can we look specifically at what the obstacles are? What is there that prevents Mr. Simpson from moving up to that particular grade level position?

MR. LAGATT: Really nothing, if he has the service requirement, if he passes the exams.

MR. SIMPSON: When you refer to exams, I would like to know when they are given, how the lists are made, how they are canvassed, and who is eligible on the list? The last test was given a year ago. It was a year before results were mailed out, and people still haven't gotten the items. There seems to be some "Catch 22's" in the system. I have had this college program, this work experience, but I cannot get that item.

DR. ROSEN: I am surprised that you omitted the question of how exams are designed and what the responsiveness of job need and job expectations are.

A VOICE: I am a student, too. He is talking about a Grade 14. Some of us who are students, having worked in the system for so long, are already Grade 14. After we finish two years of school, we are still Grade 14. There is no place to go.

MR. LAGATT: Why aren't you in Grade 15?

VOICE: Because I am not a registered occupational therapist. I have to get a bachelor's degree, which is a 15, only a one grade raise.

MS. WEISSMAN: I am Rae Weissman, evaluator of this program. It seems to me that in the Civil Service career ladder there was no requirement for a bachelor's degree to be an occupational therapist. The problem in the program is that there may be a State licensure act which will require baccalaureate degrees. That appears to me to be the conflict, and not with the career ladder, as it stands now.

MR. LAGATT: Let me just read for you the open competitive and promotional requirement for the occupational therapist.

"For promotion, completion of training and registration in occupational therapy; for open competition, the bachelor of science degree or the bachelor's degree and registered occupational therapist.

MS. PRESSLER: The baccalaureate is for new people coming into the system?

MR. LAGATT: Yes. For promotion, the candidates are advanced without examination upon completion of occupational therapy training and the acquisition of the registered occupational therapist. For the outside people, from which applications are received continuously, ratings are based on a review of training and experience.

DR. ROSEN: Whom does that reassure and whom does that trouble?

MR. WOLFE: That troubles me. I am a Recreation Department head, but I deal with the same issues of items and lists. If Bob Simpson is my employee, and I send him through the program and he does very well and my evaluation of his performance is excellent, but the Civil Service evaluation of him gives him a 75 arbitrarily, I can't reach him on a list, then what do I do? The institution has put a tremendous investment into him. He has performed very well. Yet through a very arbitrary system, we come up with a score whereby the institution cannot hold him, and that is a problem.

MR. LAGATT: You know, I don't want to make a change now. The Civil Service Department can't make a qualitative assumption about anybody's performance. You can't either. The Civil Service Department makes as modest an effort as it is capable of making to evaluate objectively the level of experience of one individual as compared to others, and against certain standards. I don't know if there is any better way of doing that. After all, they get hundreds of applications [illegible], and they, too, assume that the people are telling the truth about what they have done, and they point value the various items of experience that are presented for review. The unassembled examination technique is certainly nothing new. It's widely used in the Federal service, and I think that it has a great future.

A VOICE: I would point out it is not used in private industry, and probably for good reason.

MR. LAGATT: You mean, the competitive aspect of it?

A VOICE: I mean, in private industry, generally on-the-job performance is the major component of promotional ability.

MR. LAGATT: That's right. But you are talking about a non-tenured service generally, and you get an awful lot of schemes from people who don't have that sense of security about themselves. They rely on and enjoy the tenure that is provided by the public service.

DR. ROSEN: Keep in mind, too, that the distinction may be overstated. The Grigg's decision, for example, strikes down what the Supreme Court found excessive and arbitrary use of educational requirements by private employers, both for employment entrance and for promotion. And the Equal Employment Opportunities Commission has now begun to scrutinize a whole range of practices which are not that different from the private sector in terms of reliance upon credentials and validated testing, etc., from the kind of thing that you are properly seeing as overdeveloped in Civil Service. We ought not look to the private sector for the panacea for problems we are dealing with. They have something to offer, but not a great deal.

Finally, the Civil Service Statutes Committee permits employment on the basis of merit and fitness and some kind of obligation to the State.

MS. GREENBERG: I have concern about the certified occupational therapy assistant within the State Civil Service System. There is no line for certified occupational therapy assistants as such. What you are recognizing is the two-year college degree, in whatever field it may be in, but there is nothing for a certified occupational therapy assistant. There are also people who move into New York State who have had short-term certified occupational therapy assistant training. They enter the State system at the level of an aide, and there is no recognition given to their technical training that is so key to the job.

DR. ROBISON: I am Helen Robison, Professor of Education at Baruch College of the City University of New York. I want to say how informative I have found the discussion today. Analogies are always very instructive and I find that some of our problems, apparently, are much more serious than some of yours, and maybe this ought to be reassuring to you.

It seems to me that in teacher education, a large part of our problem is drastic and radical change; that no model, really, that has been tried looks at the moment capable of assuring the kind of radical change that in general seems to be needed. We

have been considering whether we should move to on-site education as we have been trying to do, or whether we offer it at the college. Neither of those models really deals with the problem of change.

If what happens on site is pretty much the same thing that happens in the college, or if what happens on site is simply to jell some more of what is going on, then Dr. Eskow's model doesn't assure us of more than a continuation of what we are already totally dissatisfied with. The very different thing that we have just begun to do in our field is to try to have a viable kind of partnership between employer agency and college with all of its frictions, its abrasiveness, its dissatisfactions, and the general notions of all parties that their control is threatened, their schedules are threatened, their preemption of the field in general is threatened, and I think this is where we are beginning to be aware of the fact that we need a very different model from the one we had before.

It isn't going to be solved by simply saying that we will let the employers do the training. It is a matter of finding new ways to collaborate; the problem is how, not where. There are plenty of wheres. The question relates to the different roles we will play, and how we relate to each other in different ways so that a model will emerge which is better than the one we now have.

DR. WEXLER: These career ladders were pretty radical stuff five or six years ago. The radicals of yesterday are the conservatives of today, and if you don't keep at it, you will fall back into the conservative trends, which is the trend of the establishment. It took a lot of doing to establish these career ladders and to break down some old practices and attitudes on the part of the merit system. But you can't give up. You can't rest on what you have accomplished and go with it forever. Change is constant. It has to be.

MR. COHEN: I don't think that this is what you would consider an action meeting or action conference, and so I am not sure that any motions would be in order.

But I wonder if I could express what I think is the sense of the meeting with a strong recommendation to those involved in this program, which means Lee and the Consortium of employers and colleges, that as quickly as possible there be a meeting between those parties, plus the people from the State, to begin to discuss what to do with the people who have gone through this training program.

What is it that they can look forward to? What can they expect; gradewise, salarywise, positionwise, etc.? I get a

sense that we have been sitting back and waiting to see what happened. Well, it's happening, and it seems to me that we ought to begin to move to try to resolve this in some fashion.

MS. ELSTON: I am Pat Elston, from Nassau County. Could I make an addition to Eli Cohen's recommendation that such a meeting also include the Legislative Committee which is reviewing the occupational therapy bill, because they should be aware of the model that has been developed here. It's an extremely exciting model, because ultimately, it's threatening. What is happening here could go just so far, and then hit its head on what is happening in Albany. The Legislature could be building a system to insure the vested interests of a particular group without knowledge of this model which could be transferred to other communities with much benefit. Whatever bill comes out of that Committee should not threaten the ultimate interest of these activities.

MR. FREY: To be exact, I would agree with that as a specific, but I think you ought to go beyond that and perhaps create some kind of a barrier task force to look into what barriers there are likely to be in the way of the students and all of your other people who committed themselves to this program, and to make darn sure that you can remove as many of them as possible before they graduate. On this licensure thing, if this program is indeed to become a national model the very fact that the response in this particular State has been another excursion into licensure, might encourage others across the country not to emulate this model, but to emulate the State's action. New York happens to be, for example, one of the three states that licensed radiology technologists. The only excuse for licensure at this point in history is protection of the public. There is absolutely no evidence after nearly ten years of such licensure that there are greater standards of performance in New York than in states which do not have such licensure. To assume that the public is going to be better protected by an occupational therapy licensure bill takes some circuituos thinking.

The lack of flexibility poses the possibility of preventing this program from succeeding, a program to which all of us look with a great deal of hope. I think we ought to look at the number of possibilities for the future of these students, because we are not talking about the students alone, we are talking about the protection of the whole investment.

DR. ROSEN: I am glad you struck that note. It reminds me that Shaw once said that every profession is really a conspiracy against the public. That is not a bad note to keep in mind.

MR. COHEN: We are talking as if this system is monolithic. Each Director of a State Hospital or State School makes certain decisions about who shall be hired. These decisions are usually made according to Gresham's law, based on who has the most to offer. If licensure and the baccalaureate degree become the prime criteria for employment, individual directors will pick other than our graduates, so that more is involved here than simply looking at the immediate people who graduate right now. If anything should be done, it should be made clear that competency-based evaluations are the way that the profession is going to go. I think Gail Fidler made this point quite clear, and for the State Occupational Therapy Association to take a contrary position will not do us any good at all. It seems that the profession is moving in two different directions; one nationally, and one on a State-wide basis.

MS. PRESSLER: I think I did attempt to explain that. It was a responsive move to another bill that threatened to put occupational therapy under the jurisdiction of another profession. It's not simple; it isn't a matter of state and national separation. It's a difference of state and national problems.

A VOICE: But it's a tremendous barrier to this program.

DR. WEXLER: Fortunately, licensing frequently does not apply to State agency facilities and permits the State to decide whether it will or will not accept it.

I would suggest, to follow up Eli Cohen's recommendation, that a date be set and a meeting be scheduled to look at the immediate needs and requirements for moving into the career ladder, the problems that are in the way, and how they can be dealt with.

DR. ROSEN: Are there any last words from the panel? Let me say for myself that I am always most pleased when a discussion takes this direction. I am very grateful to Eli Cohen for having crystallized what was in the air and giving us not only a sense of direction and a sense of urgency, but some very specific needs that we have to face. I want, on your behalf, to thank the panel for having sparked and stimulated what I think has been a very helpful discussion.

MR. FILERMAN: Panel members, I want to thank you for your participation, and ladies and gentlemen, I want to make reference to something I said this morning. I said we hope ultimately to open avenues for further exploration in the future, and that is exactly where we ended up, and in that case, I feel this Symposium has been worthwhile. We have put in a lot of effort. All of you

have expended a great deal of time. It costs some money, but that, I think, is not the major factor. It's been an important educational experience for me, and certainly for the staff of the project. The avenues recommended by Eli and Pat will be explored further, and we will contact you.

May I say that we are enormously gratified that you came today and we hope that next year's Symposium will be as successful as this one.

Thank you.

Epilogue

As a direct result of this Symposium, an interdepartmental task force has been established to examine the career ladder for occupational therapists in New York State and to make recommendations for its modification to the State Civil Service Commission. This task force includes representatives of the New York State Departments of Health, Mental Hygiene and Civil Service. In addition, the National Committee on Employment of Youth, the American Occupational Therapy Association, and the New York State Occupational Therapy Association are represented. A subcommittee of the Policy Board of the Consortium for Occupational Therapy Education will prepare and recommend modifications in the existing career ladder and propose several alternatives for consideration by the task force.

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